UNITED STATES CODE ANNOTATED

Title 42
The Public Health and Welfare
§§ 281 to 299

2002
Supplementary Pamphlet
Covering Years 1991 to 2001

Replacing 2001 Supplementary Pamphlet

Includes the Laws of the
107th CONGRESS, First Session (2001–2002)

For close of Notes of Decisions
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This Cumulative Annual Pocket Part or Supplementary Pamphlet contains the laws of a general and permanent nature enacted by Congress through the final law of the First Session of the 107th Congress. This Pocket Part or Supplementary Pamphlet also includes Executive Orders, Proclamations and Reorganization Plans affecting such general and permanent laws.

The laws are classified to the United States Code. Under the same classification will be found the annotations from the decisions of the State and Federal courts, the Comptroller General, and the United States Merit Systems Protection Board, and from the formal opinions of the Attorney General and the informal opinions of the Office of Legal Counsel of the Department of Justice construing the statutes.

The annotations close with the following:

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Pacific Reporter, Second Series	940 P.2d 708
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294n. Health professions workforce information and analysis.
294*o*. Advisory Council on Graduate Medical Education.
294p. Pediatric rheumatology.
294q to 294r. Omitted.
294z. Omitted.
294aa to 294cc. Omitted.

Subpart 2—Public Health Workforce

295. General provisions.
295a. Public health training centers.
295b. Public health traineeships.
295c. Preventive medicine; dental public health.
295d. Health administration traineeships and special projects.
295d–1, 295d–2. Repealed.
295e. Authorization of appropriations.
295e–1 to 295e–5. Repealed.
295f to 295f–3. Repealed.
295g to 295g–2. Omitted.
295g–4 to 295g–8. Omitted.
295g–8b to 295g–10. Omitted.
295g–10a. Repealed.
295g–11. Omitted.
295h. Omitted.
295h–1a to 295h–2. Omitted.
295h–4 to 295h–7. Omitted.
295i. Omitted.

PART F—GENERAL PROVISIONS

295j. Preferences and required information in certain programs.
295k. Health professions data.
295*l*. Repealed.
295m. Prohibition against discrimination on basis of sex.
295n. Repealed.
295n–1. Application.
295n–2. Use of funds.
295*o*. Matching requirement.
295*o*–1. Generally applicable provisions.
295*o*–2. Technical assistance.
295p. Definitions.

SUBCHAPTER VI—NURSING WORKFORCE DEVELOPMENT

PART A—GENERAL PROVISIONS

296. Definitions.
296a. Application.
296b. Use of funds.
296c. Matching requirement.
296d. Preference.
296e. Generally applicable provisions.
296e–1. Grants for health professions education.
296f. Technical assistance.
296g. Prohibition against discrimination by schools on basis of sex.

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PART B—NURSE PRACTITIONERS, NURSE MIDWIVES, NURSE ANESTHETISTS, AND OTHER ADVANCED EDUCATION NURSES

296j. Advanced education nursing grants.
296k, 296*l*. Repealed.

PART C—INCREASING NURSING WORKFORCE DIVERSITY

296m. Workforce diversity grants.

PART D—STRENGTHENING CAPACITY FOR BASIC NURSE EDUCATION AND PRACTICE

296p. Basic nurse education and practice grants.
296r. Repealed.
297, 297–1. Repealed.

PART E—STUDENT LOANS

297b. Loan provisions.
297c. Repealed.
297c–1. Repealed.
297d. Allotments and payments of Federal capital contributions.
297e. Distribution of assets from loan funds.
297n. Loan repayment program.

PART F—FUNDING

297q. Funding.

PART G—NATIONAL ADVISORY COUNCIL ON NURSE EDUCATION AND PRACTICE

297t. National Advisory Council on Nurse Education and Practice.
298 to 298b–1. Repealed.
298b–2. Transferred § 296g.
298b–3 to 298b–5. Repealed.
298b–6. Repealed.
298b–7. Repealed.

SUBCHAPTER VII—AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

PART A—ESTABLISHMENT AND GENERAL DUTIES

299. Mission and duties.
299a. General authorities.
299a–1. Research on health disparities.
299a–2, 299a–3. Omitted.

PART B—HEALTH CARE IMPROVEMENT RESEARCH

299b. Health care outcome improvement research.
299b–1. Private–public partnerships to improve organization and delivery.
299b–2. Information on quality and cost of care.
299b–3. Information systems for health care improvement.
299b–4. Research supporting primary care and access in underserved areas.
299b–4a. Studies on preventive interventions in primary care for older Americans.
299b–5. Health care practice and technology innovation.
299b–6. Coordination of Federal Government quality improvement efforts.

PART C—GENERAL PROVISIONS

299c. Advisory Council for Healthcare Research and Quality.

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299c–1. Peer review with respect to grants and contracts.
299c–2. Certain provisions with respect to development, collection, and dissemination of data.
299c–3. Dissemination of information.
299c–4. Additional provisions with respect to grants and contracts.
299c–5. Certain administrative authorities.
299c–6. Funding.
299c–7. Definitions.

SUBCHAPTER III—NATIONAL RESEARCH INSTITUTES

PART A—NATIONAL INSTITUTES OF HEALTH

§ 281. Organization of National Institutes of Health

(a) Agency of Public Health Service

The National Institutes of Health is an agency of the Service.

(b) Agencies within

(1) The following national research institutes are agencies of the National Institutes of Health:

(A) The National Cancer Institute.

(B) The National Heart, Lung, and Blood Institute.

(C) The National Institute of Diabetes and Digestive and Kidney Diseases.

(D) The National Institute of Arthritis and Musculoskeletal and Skin Diseases.

(E) The National Institute on Aging.

(F) The National Institute of Allergy and Infectious Diseases.

(G) The National Institute of Child Health and Human Development.

(H) The National Institute of Dental and Craniofacial Research.

(I) The National Eye Institute.

(J) The National Institute of Neurological Disorders and Stroke.

(K) The National Institute of General Medical Sciences.

(L) The National Institute of Environmental Health Sciences.

(M) The National Institute on Deafness and Other Communication Disorders.

(N) The National Institute on Alcohol Abuse and Alcoholism.

(O) The National Institute on Drug Abuse.

(P) The National Institute of Mental Health.

(Q) The National Institute of Nursing Research.

(R) The National Institute of Biomedical Imaging and Bioengineering.

(2) The following entities are agencies of the National Institutes of Health:

(A) The National Library of Medicine.

(B) The National Center for Research Resources.

(C) The John E. Fogarty International Center for Advanced Study in the Health Sciences.

(D) The National Center for Human Genome Research.

(E) The Office of Dietary Supplements.

(F) The National Center for Complementary and Alternative Medicine.

(G) The National Center on Minority Health and Health Disparities.

(c) Establishment of additional national research institutes; reorganization or abolition of institutes

(1) The Secretary may establish in the National Institutes of Health one or more additional national research institutes to conduct and support research, training, health information, and other programs with respect to any particular disease or groups of diseases or any other aspect of human health if—

(A) the Secretary determines that an additional institute is necessary to carry out such activities; and

(B) the additional institute is not established before the expiration of 180 days after the Secretary has provided the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate written notice of the determination made under subparagraph (A) with respect to the institute.

(2) The Secretary may reorganize the functions of any national research institute and may abolish any national research institute if the Secretary determines that the institute is no longer required. A reorganization or abolition may not take effect under this paragraph before the expiration of 180 days after the Secretary has provided the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate written notice of the reorganization or abolition.

(d) "National research institute" defined

For purposes of this subchapter, the term "national research institute" means a national research institute listed in subsection (b) of this section or established under subsection (c) of this section. A reference to the National Institutes of Health includes its agencies.

(July 1, 1944, c. 373, Title IV, § 401, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 822, and amended Oct. 28, 1988, Pub.L. 100–553, § 2(1), 102 Stat. 2769; Nov. 4, 1988, Pub.L. 100–607, § 101(1), 102 Stat. 3048; Nov. 18, 1988, Pub.L. 100–690, Title II, § 2613(b)(2), 102 Stat. 4238; July 10, 1992, Pub.L. 102–321, Title I, § 121(a), 106 Stat. 358; June 10, 1993, Pub.L. 103–43, Title XV, §§ 1501(1), 1511(b)(1), 1521(1), 107 Stat. 172, 179, 180; Oct. 25, 1994, Pub.L. 103–417, § 13(b), 108 Stat. 4335; Oct. 21, 1998, Pub.L. 105–277, Div. A, § 101(f) [Title II, § 212, Title VI, § 601(k) [1]], 112 Stat. 2681–359, 2681–388; Nov. 22, 2000, Pub.L. 106–525, Title I, § 101(b)(1), 114 Stat. 2501; Dec. 29, 2000, Pub.L. 106–580, § 3(e), 114 Stat. 3091.)

[1] So in original. Probably should be "§ 601(3)".

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

1994 Acts. Agreement Statement, see 1994 U.S. Code Cong. and Adm. News, p. 3523.

1998 Acts. Statement by President, see 1998 U.S. Code Cong. and Adm. News, p. 582.

2000 Acts. House Report No. 106–889, see 2000 U.S. Code Cong. and Adm. News, p. 2728.

Codifications

For provisions rendering inoperative the amendment of this section by section 101(1) of Pub.L. 100–607, see section 2613(b) of Pub.L. 100–690, set out as a note under section 285m of this title.

Amendments

2000 Amendments. Subsec. (b)(1)(R). Pub.L. 106–580, § 3(e), added subpar. (R).

Subsec. (b)(2)(F). Pub.L. 106–525, § 101(b)(1)(A), corrected the spacing of subpar. (F), requiring no change in text.

Subsec. (b)(2)(G). Pub.L. 106–525, § 101(b)(1)(B), added subpar. (G).

1998 Amendments. Subsec. (b)(1)(H). Pub.L. 105–277, § 212, substituted "National Institute of Dental and Craniofacial Research" for "National Institute of Dental Research".

Subsec. (b)(2)(F). Pub.L. 105–277, § 601(k), added subpar. (F).

1994 Amendments. Subsec. (b)(2)(E). Pub.L. 103–417, § 13(b), added subpar. (E).

1993 Amendments. Subsec. (b)(1)(Q). Pub.L. 103–43, § 1511(b)(1)(A), added subpar. (Q).

Subsec. (b)(2)(B). Pub.L. 103–43, § 1501(1), substituted "National Center for Research Resources" for "Division of Research Resources".

Subsec. (b)(2)(D). Pub.L. 103–43, § 1521(1), added subpar. (D).

Pub.L. 103–43, § 1511(b)(1)(B), struck out former subpar. (D) relating to the National Center for Nursing Research.

1992 Amendments. Subsec. (b)(1)(N) to (P). Pub.L. 102–321, § 121(a), added subpars. (N) through (P).

Effective and Applicability Provisions

2000 Acts. Pub.L.106–525, Title VI, § 603, Nov. 22, 2000, 114 Stat. 2511, provided that: "This Act and the amendments made by this Act [enacting sections 287c–31 to 287c–34, 293e, 296e–1, and 299a–1 of this title, amending sections 281, 296f, 299a, 299c–6, and 300u–6 of this title, repealing section 283b of this title, and enacting provisions set out as notes under sections 281, 287c–31, 293e, and 3501 of this title] take effect October 1, 2000, or upon the date of the enactment of this Act [Nov. 22, 2000], whichever occurs later."

Amendment by Pub.L. 106–580 effective December 29, 2000, see section 4 of Pub.L. 106–580, set out as a note under section 285r of this title.

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

1992 Acts. Amendment by Pub.L. 102–321 effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal year 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of this title.

Change of Name

Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.

Study on the Use of Centers of Excellence at the National Institutes of Health

Pub.L. 107–84, § 7, Dec. 18, 2001, 115 Stat. 829, provided that:

"**(a) Review.**—Not later than 60 days after the date of enactment of this Act [Dec. 18, 2001], the Secretary of Health and Human Services shall enter into a contract with the Institute of Medicine for the purpose of conducting a study and making recommendations on the impact of, need for, and other issues associated with Centers of Excellence at the National Institutes of Health.

"**(b) Areas of review.**—In conducting the study under subsection (a), the Institute of Medicine shall at a minimum consider the following:

"(1) The current areas of research incorporating Centers of Excellence (which shall include a description of such areas) and the relationship of this form of funding mechanism to other forms of funding for research grants, including investigator initiated research, contracts and other types of research support awards.

"(2) The distinctive aspects of Centers of Excellence, including the additional knowledge that may be expected to be gained through Centers of Excellence as compared to other forms of grant or contract mechanisms.

"(3) The costs associated with establishing and maintaining Centers of Excellence, and the record of scholarship and training resulting from such Centers. The research and training contributions of Centers should be assessed on their own merits and in comparison with other forms of research support.

"(4) Specific areas of research in which Centers of Excellence may be useful, needed, or underused, as well as areas of research in which Centers of Excellence may not be helpful.

"(5) Criteria that may be applied in determining when Centers of Excellence are an appropriate and cost-effective research investment and conditions that should be present in order to consider the establishment of Centers of Excellence.

"(6) Alternative research models that may accomplish results similar to or greater than Centers of Excellence.

"**(c) Report.**—Not later than 1 year after the date on which the contract is entered into under subsection (a), the Institute of Medicine shall complete the study under such subsection and submit a report to the Secretary of Health and Human Services and the appropriate committees of Congress that contains the results of such study."

Report on Medical Uses of Biological Agents in Development of Defenses Against Biological Warfare

Section 1904 of Pub.L. 103–43 provided that: "The Secretary of Health and Human Services, in consultation with the Secretary of Defense and with the heads of other appropriate executive agencies, shall report to the House Energy and Commerce Committee and the Senate Labor and Human Resources Committee on the appropriateness and impact of the National Institutes of Health' assuming responsibility for the conduct of all Federal research, development, testing, and evaluation functions relating to medical countermeasures against biowarfare threat agents. In preparing the report, the Secretary of Health and Human Services shall identify the extent to which such activities are carried out by agencies other than the National Institutes of Health, and assess the impact (positive and negative) of the National Institutes of Health assuming responsibility for such activities, including the impact under the Budget Enforcement Act [probably means the Budget Enforcement Act of 1990, Pub.L. 101–508, Title XIII, Nov. 5, 1990, 104 Stat. 1388–573; see Tables for classification] and the Omnibus Budget Reconciliation Act of 1990 [Pub.L. 101–508, Nov. 5, 1990, 104 Stat. 1388; see Tables for classification] on existing National Institutes of Health research programs as well as other programs within the category of domestic discretionary spending. Such Secretary shall submit the report not later than 12 months after the date of the enactment of this Act [June 10, 1993]. The Secretary shall provide a copy of the report to the House and Senate Committees on Armed Services."

[Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on

Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.]

[Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Armed Services of the House of Representatives treated as referring to the Committee on National Security of the House of Representatives, see section 1(a)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.]

Research on Lupus Erythematosus

Section 5 of Pub.L. 99–158, as amended Pub.L. 102–531, Title III, § 312(f), Oct. 27, 1992, 106 Stat. 3506, established a Lupus Erythematosus Coordinating Committee to plan, develop, coordinate, and implement comprehensive Federal initiatives in research on Lupus Erythematosus, provided for Committee composition and meetings, and directed the Committee to prepare a report for Congress to include a description of research projects on Lupus Erythematosus conducted or supported by Federal agencies in the fiscal year for which the report is made, the nature and purpose of each such project, the amounts expended for each such project, and an identification of the entity which conducted the research under each such project and to submit such report not later than 18 months after Nov. 20, 1985, with the Committee to terminate one month after submission of the report.

§ 282. Director of National Institutes of Health

(a) Appointment

The National Institutes of Health shall be headed by the Director of the National Institutes of Health (hereafter in this subchapter referred to as the "Director of NIH") who shall be appointed by the President by and with the advice and consent of the Senate. The Director of NIH shall perform functions as provided under subsection (b) of this section and as the Secretary may otherwise prescribe.

(b) Duties and authority

In carrying out the purposes of section 241 of this title, the Secretary, acting through the Director of NIH—

(1) shall be responsible for the overall direction of the National Institutes of Health and for the establishment and implementation of general policies respecting the management and operation of programs and activities within the National Institutes of Health;

(2) shall coordinate and oversee the operation of the national research institutes and administrative entities within the National Institutes of Health;

(3) shall assure that research at or supported by the National Institutes of Health is subject to review in accordance with section 289a of this title;

(4) for the national research institutes and administrative entities within the National Institutes of Health—

(A) may acquire, construct, improve, repair, operate, and maintain, at the site of such institutes and entities, laboratories, and other research facilities, other facilities, equipment, and other real or personal property, and

(B) may acquire, without regard to section 34 of Title 40, by lease or otherwise through the Administrator of General Services, buildings or parts of buildings in the District of Columbia or communities located adjacent to the District of Columbia for use for a period not to exceed ten years;

(5) may secure resources for research conducted by or through the National Institutes of Health;

(6) may, without regard to the provisions of Title 5, governing appointments in the competitive service, and without regard to the provisions of chapter 51 and subchapter III of chapter 53 of such Title relating to classification and General Schedule pay rates, establish such technical and scientific peer review groups and scientific program advisory committees as are needed to carry out the requirements of this subchapter and appoint and pay the members of such groups, except that officers and employees of the United States shall not receive additional compensation for service as members of such groups;

(7) may secure for the National Institutes of Health consultation services and advice of persons from the United States or abroad;

(8) may use, with their consent, the services, equipment, personnel, information, and facilities of other Federal, State, or local public agencies, with or without reimbursement therefor;

(9) may, for purposes of study, admit and treat at facilities of the National Institutes of Health individuals not otherwise eligible for such treatment;

(10) may accept voluntary and uncompensated services;

(11) may perform such other administrative functions as the Secretary determines are needed to effectively carry out this subchapter;

(12) after consultation with the Director of the Office of Research on Women's Health, shall ensure that resources of the National Institutes of Health are sufficiently allocated for projects of research on women's health that are identified under section 287d(b) of this title;

(13) may conduct and support research training—

(A) for which fellowship support is not provided under section 288 of this title; and

(B) which does not consist of residency training of physicians or other health professionals; and

(14) may appoint physicians, dentists, and other health care professionals, subject to the provisions of title 5, United States Code, relating to appointments and classifications in the competitive service, and may compensate such professionals subject to the provisions of chapter 74 of Title 38 [38 U.S.C.A. § 7401 et seq.].

The Federal Advisory Committee Act shall not apply to the duration of a peer review group appointed under paragraph (6). The members of such a group shall be individuals who by virtue of their training or experience are eminently qualified to perform the review functions of such group. Not more than one-fourth of the members of any such group shall be officers or employees of the United States.

(c) Availability of substances and organisms for research

The Director of NIH may make available to individuals and entities, for biomedical and behavioral research, substances and living organisms. Such substances and organisms shall be made available under such terms and conditions (including payment for them) as the Secretary determines appropriate.

(d) Services of experts or consultants; number; payment of expenses, conditions, recovery

(1) The Director of NIH may obtain (in accordance with section 3109 of Title 5, but without regard to the limitation in such section on the period of service) the services of not more than 220 experts or consultants, with scientific or other professional qualifications, for the National Institutes of Health.

(2)(A) Except as provided in subparagraph (B), experts and consultants whose services are obtained under paragraph (1) shall be paid or reimbursed, in accordance with Title 5, for their travel to and from their place of service and for other expenses associated with their assignment.

(B) Expenses specified in subparagraph (A) shall not be allowed in connection with the assignment of an expert or consultant whose services are obtained under paragraph (1) unless the expert or consultant has agreed in writing to complete the entire period of the assignment or one year of the assignment, whichever is shorter, unless separated or reassigned for reasons which are beyond the control of the expert or consultant and which are acceptable to the Secretary. If the expert or consultant violates the agreement, the money spent by the United States for such expenses is recoverable from the expert or consultant as a debt due the United States. The Secretary may waive in whole or in part a right of recovery under this subparagraph.

(e) Dissemination of research information

The Director of NIH shall—

(1) advise the agencies of the National Institutes of Health on medical applications of research;

(2) coordinate, review, and facilitate the systematic identification and evaluation of, clinically relevant information from research conducted by or through the national research institutes;

(3) promote the effective transfer of the information described in paragraph (2) to the health care community and to entities that require such information;

(4) monitor the effectiveness of the activities described in paragraph (3); and

(5) ensure that, after January 1, 1994, all new or revised health education and promotion materials developed or funded by the National Institutes of Health and intended for the general public are in a form that does not exceed a level of functional literacy, as defined in the National Literacy Act of 1991 (Public Law 102–73).

(f) Associate Director for Prevention; functions; report to Director

There shall be in the National Institutes of Health an Associate Director for Prevention. The Director of NIH shall delegate to the Associate Director for Prevention the functions of the Director relating to the promotion of the disease prevention research programs of the national research institutes and the coordination of such programs among the national research institutes and between the national research institutes and other public and private entities, including elementary, secondary, and post-secondary schools. The Associate Director shall—

(1) annually review the efficacy of existing policies and techniques used by the national research institutes to disseminate the results of disease prevention and behavioral research programs and;

(2) recommend, coordinate, and oversee the modification or reconstruction of such policies and techniques to ensure maximum dissemination, using advanced technologies to the maximum extent practicable, of research results to such entities.

(3) Repealed. Pub.L. 105–392, Title IV, § 409, Nov. 13, 1998, 112 Stat. 3589.)

(g) Enhancing competitiveness for certain entities in obtaining research funds

(1)(A) In the case of entities described in subparagraph (B), the Director of NIH, acting through the Director of the National Center for Research Resources, shall establish a program to enhance the competitiveness of such entities in obtaining funds from the national research institutes for conducting biomedical and behavioral research.

(B) The entities referred to in subparagraph (A) are entities that conduct biomedical and behavioral research and are located in a State in which the aggregate success rate for applications to the national research institutes for assistance for such research by the entities in the State has historically constituted a low success rate of obtaining such funds, relative to such aggregate rate for such entities in other States.

(C) With respect to enhancing competitiveness for purposes of subparagraph (A), the Director of NIH, in carrying out the program established under such subparagraph, may—

(i) provide technical assistance to the entities involved, including technical assistance in the preparation of applications for obtaining funds from the national research institutes;

(ii) assist the entities in developing a plan for biomedical or behavioral research proposals; and

(iii) assist the entities in implementing such plan.

(2) The Director of NIH shall establish a program of supporting projects of biomedical or behavioral research whose principal researchers are individuals who have not previously served as the principal researchers of such projects supported by the Director.

(h) Increased participation of women and disadvantaged individuals in biomedical and behavioral research

The Secretary, acting through the Director of NIH and the Directors of the agencies of the National Institutes of Health, shall, in conducting and supporting programs for research, research training, recruitment, and other activities, provide for an increase in the number of women and individuals from disadvantaged backgrounds (including racial and ethnic minorities) in the fields of biomedical and behavioral research.

(i) Discretionary fund; uses; report to Congressional committees; authorization of appropriations

(1) There is established a fund, consisting of amounts appropriated under paragraph (3) and made available for the fund, for use by the Director of NIH to carry out the activities authorized in this chapter for the National Institutes of Health. The purposes for which such fund may be expended include—

(A) providing for research on matters that have not received significant funding relative to other matters, responding to new issues and scientific emergencies, and acting on research opportunities of high priority;

(B) supporting research that is not exclusively within the authority of any single agency of such Institutes; and

(C) purchasing or renting equipment and quarters for activities of such Institutes.

(2) Not later than February 10 of each fiscal year, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report describing the activities undertaken and expenditures made under this section during the preceding fiscal year. The report may contain such comments of the Secretary regarding this section as the Secretary determines to be appropriate.

(3) For the purpose of carrying out this subsection, there are authorized to be appropriated $25,000,000 for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 and 1996.

(j) Data bank of information on clinical trials for drugs for serious or life-threatening diseases and conditions

(1)(A) The Secretary, acting through the Director of NIH, shall establish, maintain, and operate a data bank of information on clinical trials for drugs for serious or life-threatening diseases and conditions (in this subsection referred to as the "data bank"). The activities of the data bank shall be integrated and coordinated with related activities of other agencies of the Department of Health and Human Services, and to the extent practicable, coordinated with other data banks containing similar information.

(B) The Secretary shall establish the data bank after consultation with the Commissioner of Food and Drugs, the directors of the appropriate agencies of the National Institutes of Health (including the National Library of Medicine), and the Director of the Centers for Disease Control and Prevention.

(2) In carrying out paragraph (1), the Secretary shall collect, catalog, store, and disseminate the information described in such paragraph. The Secretary shall disseminate such information through information systems, which shall include toll-free telephone communications, available to individuals with serious or life-threatening diseases and conditions, to other members of the public, to health care providers, and to researchers.

(3) The data bank shall include the following:

(A) A registry of clinical trials (whether federally or privately funded) of experimental treatments for serious or life-threatening diseases and conditions under regulations promulgated pursuant to section 355(i) of Title 21, which provides a description of the purpose of each experimental drug, either with the consent of the protocol sponsor, or when a trial to test effectiveness begins. Information provided shall consist of eligibility criteria for participation in the clinical trials, a description of the location of trial sites, a point of contact for those wanting to enroll in the trial, and a description of whether, and through what procedure, the manufacturer or sponsor of the investigation of a new drug will respond to requests for protocol exception, with appropriate safeguards, for single-patient and expanded protocol use of the new drug, particularly in children, and shall be in a form that can be readily understood by members of the public. Such information shall be forwarded to the data bank by the sponsor of the trial not later than 21 days after the approval of the protocol.

(B) Information pertaining to experimental treatments for serious or life-threatening diseases and conditions that may be available—

(i) under a treatment investigational new drug application that has been submitted to the Secretary under section 360bb of this title; or

(ii) as a Group C cancer drug (as defined by the National Cancer Institute).

The data bank may also include information pertaining to the results of clinical trials of such treatments, with the consent of the sponsor, including information concerning potential toxicities or adverse effects associated with the use or administration of such experimental treatments.

(4) The data bank shall not include information relating to an investigation if the sponsor has provided a detailed certification to the Secretary that disclosure of such information would substantially interfere with the timely enrollment of subjects in the investigation, unless the Secretary, after the receipt of the certification, provides the sponsor with a detailed written determination that such disclosure would not substantially interfere with such enrollment.

(5) For the purpose of carrying out this subsection, there are authorized to be appropriated such sums as may be necessary. Fees collected under section 379h of Title 21 shall not be used in carrying out this subsection.

(k) Day care for children of employees

(1) The Director of NIH may establish a program to provide day care services for the employees of the National Institutes of Health similar to those services provided by other Federal agencies (including the availability of day care service on a 24-hour-a-day basis).

(2) Any day care provider at the National Institutes of Health shall establish a sliding scale of fees that takes into consideration the income and needs of the employee.

(3) For purposes regarding the provision of day care services, the Director of NIH may enter into rental or lease purchase agreements.

(*l*) Interagency research on trauma

The Director of NIH shall carry out the program established in part F of subchapter X of this chapter (relating to interagency research on trauma).

(July 1, 1944, c. 373, Title IV, § 402, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 823, and amended Nov. 4, 1988, Pub.L. 100–607, Title I, § 111, 102 Stat. 3052; July 10, 1992, Pub.L. 102–321, Title I, § 163(b)(3), 106 Stat. 376; June 10, 1993, Pub.L. 103–43, Title I, § 141(b), Title II, §§ 201, 202, 206, 208, 210(b), (c), Title III, § 303(b), 107 Stat. 139, 144, 145, 148, 149, 153; Nov. 21, 1997, Pub.L. 105–115, Title I, §§ 113(a), 111 Stat. 2311; Nov. 10, 1998, Pub.L. 105–362, Title VI, § 601(a)(1)(A), 112 Stat. 3285; Nov. 13, 1998, Pub.L. 105–392, Title IV, § 409, 112 Stat. 3589; Jan. 4, 2002, Pub.L. 107–109, § 15(c)(2), 115 Stat. 1420.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196..

1997 Acts. House Conference Report No. 105–399, see 1997 U.S. Code Cong. and Adm. News, p. 2881.

References in Text

The National Literacy Act of 1991, referred to in subsec. (e)(5), is Pub.L. 102–73, July 25, 1991, 105 Stat. 333, which enacted sections 1208aa, 1211–1, 1211–2, and 4995 of Title 20, Education, amended sections 351a, 351c, 351e, 375, 1091, 1144a, 1201a, 1201b, 1203a, 1205, 1205a, 1206a, 1207a, 1208, 1209, 1213c, 1401, 1411, 2711, 1742, 2743, 2744, 2745, 2746, 2747, 2749, 2941, 2963, 2966, 3142, and 4086 of Title 20 and section 5081 of this title, and enacted provision set out as notes under sections 1211, 1213c, 2963, and 2966 of Title 20. For complete classification of this Act to the Code, see Short Title of 1991 Act, set out as a note under section 1201 of Title 20 and Tables.

Codifications

Amendment by section 15(c)(2) of Pub.L. 107–109, directing that subsec. (j)(3)(A) be amended in the first sentence by striking "trial sites, and" and inserting "trial sites," and striking "in the trial," and inserting "in the trial, and a description of whether, and through what procedure, the manufacturer or sponsor of the investigation of a new drug will respond to requests for protocol exception, with appropriate

safeguards, for single-patient and expanded protocol use of the new drug, particularly in children,", was executed in the second sentence as the probable intent of Congress. The language to be stricken did not appear in the first sentence but was present in the second sentence.

Amendments

2002 Amendments. Subsec. (j)(3)(A). Pub.L. 107–109, § 15(c)(2), in the second sentence, struck "trial sites, and" and inserted "trial sites,", and struck "in the trial," and inserted "in the trial, and a description of whether, and through what procedure, the manufacturer or sponsor of the investigation of a new drug will respond to requests for protocol exception, with appropriate safeguards, for single-patient and expanded protocol use of the new drug, particularly in children,". See Codifications note under this section.

1998 Amendments. Subsecs. (b)(13), (14). Pub.L. 105–392, § 409, added pars. (13) and (14).

Subsec. (f). Pub.L. 105–362, § 601(a)(1)(A), inserting "and" at the end of par. (1), struck out "; and" and inserted a period at the end of par. (2), and struck out par. (3), which formerly read:

"annually prepare and submit to the Director of NIH a report concerning the prevention and dissemination activities undertaken by the Associate Director, including—

"**(A)** a summary of the Associate Director's review of existing dissemination policies and techniques together with a detailed statement concerning any modification or restructuring, or recommendations for modification or restructuring, of such policies and techniques; and

"**(B)** a detailed statement of the expenditures made for the prevention and dissemination activities reported on and the personnel used in connection with such activities."

1997 Amendments. Subsec. (j). Pub.L. 105–115, § 113(a)(2), added subsec. (j).

Subsec. (k) and (*l*). Pub.L. 105–115, § 113(a)(1), redesignated former subsecs. (j) and (k) as (k) and (*l*), respectively.

1993 Amendments. Subsec. (b)(12). Pub.L. 103–43, § 141(b), added par. (12).

Subsec. (e)(5). Pub.L. 103–43, § 210(b), added par. (5).

Subsec. (f). Pub.L. 103–43, § 201, inserted reference to elementary, secondary, and postsecondary schools, added pars. (1), (2), and (3)(A), and designated provision relating to a statement of expenditures made and personnel used as par. (3)(B).

Subsec. (g). Pub.L. 103–43, § 202, added subsec. (g).

Subsec. (h). Pub.L. 103–43, § 206, added subsec. (h).

Subsec. (i). Pub.L. 103–43, § 208, added subsec. (i).

Subsec. (j). Pub.L. 103–43, § 210(c), added subsec. (j).

Subsec. (k). Pub.L. 103–43, § 303(b), added subsec. (k).

1992 Amendments. Subsec. (d)(1). Pub.L. 102–321, § 163(b)(3), substituted "220" for "two hundred".

Effective and Applicability Provisions

1997 Amendments. Amendments by Pub.L. 105–115, the Food and Drug Administration Modernization Act of 1997, effective 90 days after November 21, 1997, except as otherwise provided, see section 501 of Pub.L. 105–115, set out as a note under section 321 of Title 21.

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

1992 Acts. Amendment by Pub.L. 102–321 effective Oct. 1, 1992, see section 801(c) of Pub.L. 102–321, set out as a note under section 236 of this title.

Change of Name

Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.

Collaboration and Report

Pub.L. 105–115, Title I, § 113(b), Nov. 21, 1997, 111 Stat. 2312, provided that:

"**(1) In general.**—The Secretary of Health and Human Services, the Director of the National Institutes of Health, and the Commissioner of Food and Drugs shall collaborate to determine the feasibility of including device investigations within the scope of the data bank under section 402(j) of the Public Health Service Act [subsec. (j) of this section].

"**(2) Report.**—Not later than two years after the date of enactment of this section [Nov. 21, 1997], the Secretary of Health and Human Services shall prepare and submit to the Committee on Labor and Human Resources of the Senate and the Committee on Commerce of the House of Representatives a report—

"**(A)** of the public health need, if any, for inclusion of device investigations within the scope of the data bank under section 402(j) of the Public Health Service Act [subsec. (j) of this section];

"**(B)** on the adverse impact, if any, on device innovation and research in the United States if information relating to such device investigations is required to be publicly disclosed; and

"**(C)** on such other issues relating to such section 402(j) [subsec. (j) of this section] as the Secretary determines to be appropriate."

[Enactment of the above note by Pub.L. 105–115, the Food and Drug Administration Modernization Act of 1997, effective 90 days after November 21, 1997, except as otherwise provided, see section 501 of Pub.L. 105–115, set out as a note under section 321 of Title 21.]

Chronic Fatigue Syndrome; Representatives on Advisory Committees and Boards

Section 902(c) of Pub.L. 103–43 provided that: "The Secretary of Health and Human Services, acting through the Director of the National Institutes of Health, shall ensure that appropriate individuals with expertise in chronic fatigue syndrome or neuromuscular diseases and representative of a variety of disciplines and fields within the research community are appointed to appropriate National Institutes of Health advisory committees and boards."

Chronic Pain Conditions

Section 1907 of Pub.L. 103–43 provided that:

"(a) **In general.**—The Director of the National Institutes of Health (in this section referred to as the 'Director'), acting through the Director of the National Institute of Dental Research and as appropriate through the heads of other agencies of such Institutes, shall conduct a study for the purpose of determining the incidence in the United States of cases of chronic pain (including chronic pain resulting from back injuries) and the effect of such cases on the costs of health care in the United States.

"(b) **Certain elements of study.**—The cases of chronic pain with respect to which the study required in subsection (a) is conducted shall include reflex sympathetic dystrophy syndrome, temporomandibular joint disorder, post-herpetic neuropathy, painful diabetic neuropathy, phantom pain, and post-stroke pain.

"(c) **Report.**—Not later than 2 years after the date of the enactment of this Act [June 10, 1993], the Director shall complete the study required in subsection (a) and submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report describing the findings made as a result of the study."

[Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.]

Master Plan for Physical Infrastructure for Research

Section 2002 of Pub.L. 103–43 provided that: "Not later than June 1, 1994, the Secretary of Health and Human Services, acting through the Director of the National Institutes of Health, shall present to the Congress a master plan to provide for the replacement or refurbishment of less than adequate buildings, utility equipment and distribution systems (including the resources that provide electrical and other utilities, chilled water, air handling, and other services that the Secretary, acting through the Director, deems necessary), roads, walkways, parking areas, and grounds that underpin the laboratory and clinical facilities of the National Institutes of Health. Such plan may make recommendations for the undertaking of new projects that are consistent with the objectives of this section, such as encircling the National Institutes of Health Federal enclave with an adequate chilled water conduit."

Personnel Study of Recruitment, Retention and Turnover

Section 1905 of Pub.L. 103–43 provided that:

"(a) **Study of personnel system.**—Not later than 1 year after the date of the enactment of this Act [June 10, 1993], the Secretary of Health and Human Services, acting through the Director of the National Institutes of Health, shall conduct a study to review the retention, recruitment, vacancy and turnover rates of support staff, including firefighters, law enforcement, procurement officers, technicians, nurses and clerical employees, to ensure that the National Institutes of Health is adequately supporting the conduct of efficient, effective and high quality research for the American public. The Director of NIH shall work in conjunction with appropriate employee organizations and representatives in developing such a study.

"(b) **Submission to congress.**—Not later than 1 year after the date of the enactment of this Act [June 10, 1993], the Secretary of Health and Human Services shall prepare and submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report containing the study conducted under subsection (a) together with the recommendations of the Secretary concerning the enactment of legislation to implement the results of such study."

[Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a

provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.]

Support for Bioengineering Research

Section 1912 of Pub.L. 103–43 provided that:

"**(a) Study.**—The Secretary of Health and Human Services, acting through the Director of the National Institutes of Health, shall conduct a study for the purpose of—

"(1) determining the sources and amounts of public and private funding devoted to basic research in bioengineering, including biomaterials sciences, cellular bioprocessing, tissue and rehabilitation engineering;

"(2) evaluating whether that commitment is sufficient to maintain the innovative edge that the United States has in these technologies;

"(3) evaluating the role of the National Institutes of Health or any other Federal agency to achieve a greater commitment to innovation in bioengineering; and

"(4) evaluating the need for better coordination and collaboration among Federal agencies and between the public and private sectors.

In conducting such study, the Director shall work in conjunction with appropriate organizations and representatives including academics, industry leaders, bioengineering societies, and public agencies.

"**(b) Report.**—Not later than 1 year after the date of enactment of this Act [June 10, 1993], the Secretary of Health and Human Services shall prepare and submit to the Committee on Labor and Human Resources of the Senate, and the Committee on Energy and Commerce of the House of Representatives, a report containing the findings of the study conducted under subsection (a) together with recommendations concerning the enactment of legislation to implement the results of such study."

[Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.]

Third-Party Payments Regarding Certain Clinical Trials and Certain Life-Threatening Illnesses

Section 1901(a) of Pub.L. 103–43 provided that: "The Secretary of Health and Human Services, acting through the Director of the National Institutes of Health, shall conduct a study for the purpose of—

"(1) determining the policies of third-party payors regarding the payment of the costs of appropriate health services that are provided incident to the participation of individuals as subjects in clinical trials conducted in the development of drugs with respect to acquired immune deficiency syndrome, cancer, and other life-threatening illnesses; and

"(2) developing recommendations regarding such policies."

§ 283a. Establishment of program regarding DES

(a) In general

The Director of NIH shall establish a program for the conduct and support of research and training, the dissemination of health information, and other programs with respect to the diagnosis and treatment of conditions associated with exposure to the drug diethylstilbestrol (in this section referred to as "DES").

(b) Education programs

In carrying out subsection (a) of this section, the Director of NIH, after consultation with nonprofit private entities representing individuals who have been exposed to DES, shall conduct or support programs to educate health professionals and the public on the drug, including the importance of identifying and treating individuals who have been exposed to the drug.

(c) Longitudinal studies

After consultation with the Office of Research on Women's Health, the Director of NIH, acting through the appropriate national research institutes, shall in carrying out subsection (a) of this section conduct or support one or more longitudinal studies to

determine the incidence of the following diseases or disorders in the indicated populations and the relationship of DES to the diseases or disorders:

(1) In the case of women to whom (on or after January 1, 1938) DES was administered while the women were pregnant, the incidence of all diseases and disorders (including breast cancer, gynecological cancers, and impairments of the immune system, including autoimmune disease).

(2) In the case of women exposed to DES in utero, the incidence of clear cell cancer (including recurrences), the long-term health effects of such cancer, and the effects of treatments for such cancer.

(3) In the case of men and women exposed to DES in utero, the incidence of all diseases and disorders (including impairments of the reproductive and autoimmune systems).

(4) In the case of children of men or women exposed to DES in utero, the incidence of all diseases and disorders.

(d) Exposure to DES in utero

For purposes of this section, an individual shall be considered to have been exposed to DES in utero if, during the pregnancy that resulted in the birth of such individual, DES was (on or after January 1, 1938) administered to the biological mother of the individual.

(e) Authorization of appropriations

In addition to any other authorization of appropriations available for the purpose of carrying out this section, there are authorized to be appropriated for such purpose such sums as may be necessary for each of the fiscal years 1993 through 2003.

(July 1, 1944, c. 373, Title IV, § 403A, as added Oct. 13, 1992, Pub.L. 102–409, § 2, 106 Stat. 2092, and amended Oct. 31, 1998, Pub.L. 105–340, Title I, § 101(a), 112 Stat. 3191.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–817, see 1992 U.S. Code Cong. and Adm. News, p. 1434.

1998 Acts. Statement by President, see 1998 U.S. Code Cong. and Adm. News, p. 772.

Amendments

1998 Amendments. Subsec. (e). Pub.L. 105–340, Title I, § 101(a), struck "1996" and inserted "2003".

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 283b. Repealed. Pub.L. 106–525, Title I, § 101(b)(2), Nov. 22, 2000, 114 Stat. 2501.

HISTORICAL AND STATUTORY NOTES

Section, July 1, 1944, c. 373, Title IV, § 404, as added June 10, 1993, Pub.L. 103–43, Title I, § 151, 107 Stat. 139, established the Office of Research on Minority Health.

Effective Date of Repeal

Repeal by Pub.L. 106–525, Title I, § 101(b)(2), effective October 1, 2000 or November 22, 2000, whichever occurs later, see Pub.L. 106–525, § 603, set out as a note under 42 U.S.C.A. § 281.

§ 283c. Office of Behavioral and Social Sciences Research

(a) There is established within the Office of the Director of NIH an office to be known as the Office of Behavioral and Social Sciences Research (in this section referred to as the "Office"). The Office shall be headed by a director, who shall be appointed by the Director of NIH.

(b)(1) With respect to research on the relationship between human behavior and the development, treatment, and prevention of medical conditions, the Director of the Office shall—

(A) coordinate research conducted or supported by the agencies of the National Institutes of Health; and

(B) identify projects of behavioral and social sciences research that should be conducted or supported by the national research institutes, and develop such projects in cooperation with such institutes.

(2) Research authorized under paragraph (1) includes research on teen pregnancy, infant mortality, violent behavior, suicide, and homelessness. Such research does not include neurobiological research, or research in which the behavior of an organism is observed for the purpose of determining activity at the cellular or molecular level.

(July 1, 1944, c. 373, Title IV, § 404A, as added June 10, 1993, Pub.L. 103–43, Title II, § 203(a), 107 Stat. 145.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Effective and Applicability Provisions

1993 Acts. Section 203(c) of Pub.L. 103–43 provided that: "The amendment described in subsection (a) [enacting this section] is made upon the date of the enactment of this Act [June 10, 1993] and takes effect July 1, 1993. Subsection (b) [not classified to the Code] takes effect on such date."

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 283d. Children's Vaccine Initiative

(a) Development of new vaccines

The Secretary, in consultation with the Director of the National Vaccine Program under subchapter XIX of this chapter and acting through the Directors of the National Institute for Allergy and Infectious Diseases, the National Institute for Child Health and Human Development, the National Institute for Aging, and other public and private programs, shall carry out activities, which shall be consistent with the global Children's Vaccine Initiative, to develop affordable new and improved vaccines to be used in the United States and in the developing world that will increase the efficacy and efficiency of the prevention of infectious diseases. In carrying out such activities, the Secretary shall, to the extent practicable, develop and make available vaccines that require fewer contacts to deliver, that can be given early in life, that provide long lasting protection, that obviate refrigeration, needles and syringes, and that protect against a larger number of diseases.

(b) Report

In the report required in section 300aa–4 of this title, the Secretary, acting through the Director of the National Vaccine Program under subchapter XIX of this chapter, shall include information with respect to activities and the progress made in implementing the provisions of this section and achieving its goals.

(c) Authorization of appropriations

In addition to any other amounts authorized to be appropriated for activities of the type described in this section, there are authorized to be appropriated to carry out this section $20,000,000 for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 and 1996.

(July 1, 1944, c. 373, Title IV, § 404B, as added June 10, 1993, Pub.L. 103–43, Title II, § 204, 107 Stat. 146.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 283e. Plan for use of animals in research

(a) Preparation

The Director of NIH, after consultation with the committee established under subsection (e) of this section, shall prepare a plan—

(1) for the National Institutes of Health to conduct or support research into—

(A) methods of biomedical research and experimentation that do not require the use of animals;

(B) methods of such research and experimentation that reduce the number of animals used in such research;

(C) methods of such research and experimentation that produce less pain and distress in such animals; and

(D) methods of such research and experimentation that involve the use of marine life (other than marine mammals);

(2) for establishing the validity and reliability of the methods described in paragraph (1);

(3) for encouraging the acceptance by the scientific community of such methods that have been found to be valid and reliable; and

(4) for training scientists in the use of such methods that have been found to be valid and reliable.

(b) Submission to Congressional committees

Not later than October 1, 1993, the Director of NIH shall submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, the plan required in subsection (a) of this section and shall begin implementation of the plan.

(c) Periodic review and revision

The Director of NIH shall periodically review, and as appropriate, make revisions in the plan required under subsection (a) of this section. A description of any revision made in the plan shall be included in the first biennial report under section 283 of this title that is submitted after the revision is made.

(d) Dissemination of information

The Director of NIH shall take such actions as may be appropriate to convey to scientists and others who use animals in biomedical or behavioral research or experimentation information respecting the methods found to be valid and reliable under subsection (a)(2) of this section.

(e) Interagency Coordinating Committee on the Use of Animals in Research

(1) The Director of NIH shall establish within the National Institutes of Health a committee to be known as the Interagency Coordinating Committee on the Use of Animals in Research (in this subsection referred to as the "Committee").

(2) The Committee shall provide advice to the Director of NIH on the preparation of the plan required in subsection (a) of this section.

(3) The Committee shall be composed of—

(A) the Directors of each of the national research institutes and the Director of the Center for Research Resources (or the designees of such Directors); and

(B) representatives of the Environmental Protection Agency, the Food and Drug Administration, the Consumer Product Safety Commission, the National Science Foundation, and such additional agencies as the Director of NIH determines to be appropriate, which representatives shall include not less than one veterinarian with expertise in laboratory-animal medicine.

(July 1, 1944, c. 373, Title IV, § 404C, as added June 10, 1993, Pub.L. 103–43, Title II, § 205(a), 107 Stat. 146.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

Change of Name

Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 283f. Requirements regarding surveys of sexual behavior

With respect to any survey of human sexual behavior proposed to be conducted or supported through the National Institutes of Health, the survey may not be carried out unless—

(1) the proposal has undergone review in accordance with any applicable requirements of sections 289 and 289a of this title; and

(2) the Secretary, in accordance with section 289a–1 of this title, makes a determination that the information expected to be obtained through the survey will assist—

(A) in reducing the incidence of sexually transmitted diseases, the incidence of infection with the human immunodeficiency virus, or the incidence of any other infectious disease; or

(B) in improving reproductive health or other conditions of health.

(July 1, 1944, c. 373, Title IV, § 404D, as added June 10, 1993, Pub.L. 103–43, Title II, § 207, 107 Stat. 148.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

Prohibition Against SHARP Adult Sex Survey and the American Teenage Sex Survey

Section 2015 of Pub.L. 103–43 provided that: "The Secretary of Health and Human Services may not during fiscal year 1993 or any subsequent fiscal year conduct or support the SHARP survey of adult sexual behavior or the American Teenage Study of adolescent sexual behavior. This section becomes effective on the date of the enactment of this Act [June 10, 1993]."

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 283g. Muscular dystrophy; initiative through Director of National Institutes of Health.

(a) Expansion, intensification, and coordination of activities

(1) In general

The Director of NIH, in coordination with the Directors of the National Institute of Neurological Disorders and Stroke, the National Institute of Arthritis and Muscoskeletal and Skin Diseases, the National Institute of Child Health and Human

Development, and the other national research institutes as appropriate, shall expand and intensify programs of such Institutes with respect to research and related activities concerning various forms of muscular dystrophy, including Duchenne, myotonic, facioscapulohumeral muscular dystrophy (referred to in this section as 'FSHD') and other forms of muscular dystrophy.

(2) Coordination

The Directors referred to in paragraph (1) shall jointly coordinate the programs referred to in such paragraph and consult with the Muscular Dystrophy Interagency Coordinating Committee established under section 6 of the MD–CARE Act [1]

.

(3) Allocations by Director of NIH

The Director of NIH shall allocate the amounts appropriated to carry out this section for each fiscal year among the national research institutes referred to in paragraph (1).

(b) Centers of excellence

(1) In general

The Director of NIH shall award grants and contracts under subsection (a)(1) to public or nonprofit private entities to pay all or part of the cost of planning, establishing, improving, and providing basic operating support for centers of excellence regarding research on various forms of muscular dystrophy.

(2) Research

Each center under paragraph (1) shall supplement but not replace the establishment of a comprehensive research portfolio in all the muscular dystrophies. As a whole, the centers shall conduct basic and clinical research in all forms of muscular dystrophy including early detection, diagnosis, prevention, and treatment, including the fields of muscle biology, genetics, noninvasive imaging, genetics, pharmacological and other therapies.

(3) Coordination of centers; reports

The Director of NIH—

(A) shall, as appropriate, provide for the coordination of information among centers under paragraph (1) and ensure regular communication between such centers; and

(B) shall require the periodic preparation of reports on the activities of the centers and the submission of the reports to the Director.

(4) Organization of centers

Each center under paragraph (1) shall use the facilities of a single institution, or be formed from a consortium of cooperating institutions, meeting such requirements as may be prescribed by the Director of NIH.

(5) Duration of support

Support for a center established under paragraph (1) may be provided under this section for a period of not to exceed 5 years. Such period may be extended for 1 or more additional periods not exceeding 5 years if the operations of such center have been reviewed by an appropriate technical and scientific peer review group established by the Director of NIH and if such group has recommended to the Director that such period should be extended.

(c) Facilitation of research

The Director of NIH shall provide for a program under subsection (a)(1) under which samples of tissues and genetic materials that are of use in research on muscular dystrophy are donated, collected, preserved, and made available for such research. The program shall be carried out in accordance with accepted scientific and medical standards for the donation, collection, and preservation of such samples.

(d) Coordinating Committee

(1) In general

The Secretary shall establish the Muscular Dystrophy Coordinating Committee (referred to in this section as the ' Coordinating Committee') to coordinate activities across the National Institutes and with other Federal health programs and activities relating to the various forms of muscular dystrophy.

(2) Composition

The Coordinating Committee shall consist of not more than 15 members to be appointed by the Secretary, of which—

(A) ⅔ of such members shall represent governmental agencies, including the directors or their designees of each of the national research institutes involved in research with respect to muscular dystrophy and representatives of all other Federal departments and agencies whose programs involve health functions or responsibilities relevant to such diseases, including the Centers for Disease Control and Prevention, the Health Resources and Services Administration and the Food and Drug Administration and representatives of other governmental agencies that serve children with muscular dystrophy, such as the Department of Education; and

(B) ⅓ of such members shall be public members, including a broad cross section of persons affected with muscular dystrophies including parents or legal guardians, affected individuals, researchers, and clinicians.

Members appointed under subparagraph (B) shall serve for a term of 3 years, and may serve for an unlimited number of terms if reappointed.

(3) Chair

(A) In general

With respect to muscular dystrophy, the Chair of the Coordinating Committee shall serve as the principal advisor to the Secretary, the Assistant Secretary for Health, and the Director of NIH, and shall provide advice to the Director of the Centers for Disease Control and Prevention, the Commissioner of Food and Drugs, and to the heads of other relevant agencies. The Coordinating Committee shall select the Chair for a term not to exceed 2 years.

(B) Appointment

The Chair of the Committee shall be appointed by and be directly responsible to the Secretary.

(4) Administrative support; terms of service; other provisions

The following shall apply with respect to the Coordinating Committee:

(A) The Coordinating Committee shall receive necessary and appropriate administrative support from the Department of Health and Human Services.

(B) The Coordinating Committee shall meet as appropriate as determined by the Secretary, in consultation with the chair.

(e) Plan for HHS activities

(1) In general

Not later than 1 year after December 18, 2001, the Coordinating Committee shall develop a plan for conducting and supporting research and education on muscular dystrophy through the national research institutes and shall periodically review and revise the plan. The plan shall—

(A) provide for a broad range of research and education activities relating to biomedical, epidemiological, psychosocial, and rehabilitative issues, including studies of the impact of such diseases in rural and underserved communities;

(B) identify priorities among the programs and activities of the National Institutes of Health regarding such diseases; and

(C) reflect input from a broad range of scientists, patients, and advocacy groups.

(2) Certain elements of plan

The plan under paragraph (1) shall, with respect to each form of muscular dystrophy, provide for the following as appropriate:

(A) Research to determine the reasons underlying the incidence and prevalence of various forms of muscular dystrophy.

(B) Basic research concerning the etiology and genetic links of the disease and potential causes of mutations.

(C) The development of improved screening techniques.

(D) Basic and clinical research for the development and evaluation of new treatments, including new biological agents.

(E) Information and education programs for health care professionals and the public.

(f) Reports to Congress

The Coordinating Committee shall biennially submit to the Committee on Energy and Commerce of the House of Representatives, and the Committee on Health, Education, Labor, and Pensions of the Senate, a report that describes the research, education, and other activities on muscular dystrophy being conducted or supported through the Department of Health and Human Services. Each such report shall include the following:

(1) The plan under subsection (e)(1) (or revisions to the plan, as the case may be).

(2) Provisions specifying the amounts expended by the Department of Health and Human Services with respect to various forms of muscular dystrophy, including Duchenne, myotonic, FSHD and other forms of muscular dystrophy.

(3) Provisions identifying particular projects or types of projects that should in the future be considered by the national research institutes or other entities in the field of research on all muscular dystrophies.

(g) Public input

The Secretary shall, under subsection (a)(1), provide for a means through which the public can obtain information on the existing and planned programs and activities of the Department of Health and Human Services with respect to various forms of muscular dystrophy and through which the Secretary can receive comments from the public regarding such programs and activities.

(h) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of fiscal years 2002 through 2006. The authorization of appropriations established in the preceding sentence is in addition to any other authorization of appropriations that is available for conducting or supporting through the National Institutes of Health research and other activities with respect to muscular dystrophy.

(July 1, 1944, c. 373, Title IV, § 404E, as added Dec. 18, 2001, Pub.L. 107–84, § 3, 115 Stat. 824.)

[1] So in original.

HISTORICAL AND STATUTORY NOTES

Prior Provisions

A prior section, Act July 1, 1944, c. 373, Title IV, § 404E, as added June 10, 1993, Pub.L. 103–43, Title II, § 209, 107 Stat. 149, which related to the Office of Alternative Medicine, was repealed by Pub.L. 105–277, Div. A, § 101(f) [Title VI, § 601(1)], Oct. 21, 1998, 112 Stat. 2681–387.

PART B—GENERAL PROVISIONS RESPECTING NATIONAL RESEARCH INSTITUTES

§ 284. Directors of national research institutes

(a) Appointment

The Director of the National Cancer Institute shall be appointed by the President and the Directors of the other national research institutes shall be appointed by the

Secretary. Each Director of a national research institute shall report directly to the Director of NIH.

(b) Duties and authority; grants, contracts, and cooperative agreements

(1) In carrying out the purposes of section 241 of this title with respect to human diseases or disorders or other aspects of human health for which the national research institutes were established, the Secretary, acting through the Director of each national research institute—

(A) shall encourage and support research, investigations, experiments, demonstrations, and studies in the health sciences related to—

(i) the maintenance of health,

(ii) the detection, diagnosis, treatment, and prevention of human diseases and disorders,

(iii) the rehabilitation of individuals with human diseases, disorders, and disabilities, and

(iv) the expansion of knowledge of the processes underlying human diseases, disorders, and disabilities, the processes underlying the normal and pathological functioning of the body and its organ systems, and the processes underlying the interactions between the human organism and the environment;

(B) may, subject to the peer review prescribed under section 289a(b) of this title and any advisory council review under section 284a(a)(3)(A)(i) of this title, conduct the research, investigations, experiments, demonstrations, and studies referred to in subparagraph (A);

(C) may conduct and support research training (i) for which fellowship support is not provided under section 288 of this title, and (ii) which is not residency training of physicians or other health professionals;

(D) may develop, implement, and support demonstrations and programs for the application of the results of the activities of the institute to clinical practice and disease prevention activities;

(E) may develop, conduct, and support public and professional education and information programs;

(F) may secure, develop and maintain, distribute, and support the development and maintenance of resources needed for research;

(G) may make available the facilities of the institute to appropriate entities and individuals engaged in research activities and cooperate with and assist Federal and State agencies charged with protecting the public health;

(H) may accept unconditional gifts made to the institute for its activities, and, in the case of gifts of a value in excess of $50,000, establish suitable memorials to the donor;

(I) may secure for the institute consultation services and advice of persons from the United States or abroad;

(J) may use, with their consent, the services, equipment, personnel, information, and facilities of other Federal, State, or local public agencies, with or without reimbursement therefor;

(K) may accept voluntary and uncompensated services; and

(L) may perform such other functions as the Secretary determines are needed to carry out effectively the purposes of the institute.

The indemnification provisions of section 2354 of Title 10 shall apply with respect to contracts entered into under this subsection and section 282(b) of this title.

(2) Support for an activity or program under this subsection may be provided through grants, contracts, and cooperative agreements. The Secretary, acting through the Director of each national research institute—

(A) may enter into a contract for research, training, or demonstrations only if the contract has been recommended after technical and scientific peer review required by regulations under section 289a of this title;

(B) may make grants and cooperative agreements under paragraph (1) for research, training, or demonstrations, except that—

(i) if the direct cost of the grant or cooperative agreement to be made does not exceed $50,000, such grant or cooperative agreement may be made only if

such grant or cooperative agreement has been recommended after technical and scientific peer review required by regulations under section 289a of this title, and

(ii) if the direct cost of the grant or cooperative agreement to be made exceeds $50,000, such grant or cooperative agreement may be made only if such grant or cooperative agreement has been recommended after technical and scientific peer review required by regulations under section 289a of this title and is recommended under section 284a(a)(3)(A)(ii) of this title by the advisory council for the national research institute involved; and

(C) shall, subject to section 300cc–40b(d)(2) of this title, receive from the President and the Office of Management and Budget directly all funds appropriated by the Congress for obligation and expenditure by the Institute.

(c) Coordination with other public and private entities; cooperation with other national research institutes; appointment of additional peer review groups

In carrying out subsection (b) of this section, each Director of a national research institute—

(1) shall coordinate, as appropriate, the activities of the institute with similar programs of other public and private entities;

(2) shall cooperate with the Directors of the other national research institutes in the development and support of multidisciplinary research and research that involves more than one institute;

(3) may, in consultation with the advisory council for the Institute and with the approval of the Director of NIH—

(A) establish technical and scientific peer review groups in addition to those appointed under section 402(b)(6); and

(B) appoint the members of peer review groups established under subparagraph (A); and

(4) may publish, or arrange for the publication of, information with respect to the purpose of the Institute without regard to section 501 of Title 44.

The Federal Advisory Committee Act shall not apply to the duration of a peer review group appointed under paragraph (3).

(July 1, 1944, c. 373, Title IV, § 405, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 826, and amended Nov. 4, 1988, Pub.L. 100–607, Title I, § 116, 102 Stat. 3053; Nov. 18, 1988, Pub.L. 100–690, Title II, § 2613(c), 102 Stat. 4239; June 10, 1993, Pub.L. 103–43, Title III, § 301(a)(1), (b), 107 Stat. 150.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

References in Text

The Federal Advisory Committee Act, referred to in subsec. (c), is Pub.L. 92–463, Oct. 6, 1972, 86 Stat. 770, as amended, which is set out in Appendix 2 to Title 5, Government Organization and Employees.

Amendments

1993 Amendments. Subsec. (b)(2)(C). Pub.L. 103–43, § 301(a)(1), added subpar. (C).

Subsec. (c). Pub.L. 103–43, § 301(b), in par. (3) inserted provision authorizing appointment of members of peer review groups and following par. (4) inserted provision that the Federal Advisory Committee Act not apply to the duration of a peer review group.

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

§ 284a. Advisory councils

(a) Establishment; acceptance of conditional gifts; functions

(1) Except as provided in subsection (h) of this section, the Secretary shall appoint an advisory council for each national research institute which (A) shall advise, assist, consult with, and make recommendations to the Secretary and the Director of such institute on matters related to the activities carried out by and through the institute and the policies respecting such activities, and (B) shall carry out the special functions prescribed by part C of this subchapter.

(2) Each advisory council for a national research institute may recommend to the Secretary acceptance, in accordance with section 238 of this title, of conditional gifts for study, investigation, or research respecting the diseases, disorders, or other aspect of human health with respect to which the institute was established, for the acquisition of grounds, or for the construction, equipping, or maintenance of facilities for the institute.

(3) Each advisory council for a national research institute—

(A)(i) may on the basis of the materials provided under section 289a(b)(2) of this title respecting research conducted at the institute, make recommendations to the Director of the institute respecting such research,

(ii) may review applications for grants and cooperative agreements for research or training and for which advisory council approval is required under section 284(b)(2) of this title and recommend for approval applications for projects which show promise of making valuable contributions to human knowledge, and

(iii) may review any grant, contract, or cooperative agreement proposed to be made or entered into by the institute;

(B) may collect, by correspondence or by personal investigation, information as to studies which are being carried on in the United States or any other country as to the diseases, disorders, or other aspect of human health with respect to which the institute was established and with the approval of the Director of the institute make available such information through appropriate publications for the benefit of public and private health entities and health professions personnel and scientists and for the information of the general public; and

(C) may appoint subcommittees and convene workshops and conferences.

(b) Membership; compensation

(1) Each advisory council shall consist of ex officio members and not more than eighteen members appointed by the Secretary. The ex officio members shall be nonvoting members.

(2) The ex officio members of an advisory council shall consist of—

(A) the Secretary, the Director of NIH, the Director of the national research institute for which the council is established, the Under Secretary for Health of the Department of Veterans Affairs or the Chief Dental Director of the Department of Veterans Affairs, and the Assistant Secretary of Defense for Health Affairs (or the designees of such officers), and

(B) such additional officers or employees of the United States as the Secretary determines necessary for the advisory council to effectively carry out its functions.

(3) The members of an advisory council who are not ex officio members shall be appointed as follows:

(A) Two-thirds of the members shall be appointed by the Secretary from among the leading representatives of the health and scientific disciplines (including not less than two individuals who are leaders in the fields of public health and the behavioral or social sciences) relevant to the activities of the national research institute for which the advisory council is established.

(B) One-third of the members shall be appointed by the Secretary from the general public and shall include leaders in fields of public policy, law, health policy, economics, and management.

(4) Members of an advisory council who are officers or employees of the United States shall not receive any compensation for service on the advisory council. The other members of an advisory council shall receive, for each day (including traveltime) they are engaged in the performance of the functions of the advisory council, compensation at rates not to exceed the daily equivalent of the annual rate in effect for grade GS–18 of the General Schedule.

(c) Term of office; reappointment; vacancy

The term of office of an appointed member of an advisory council is four years, except that any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of such term and the Secretary shall make appointments to an advisory council in such a manner as to ensure that the terms of the members do not all expire in the same year. A member may serve after the expiration of the member's term for 180 days after the date of such expiration. A member who has been appointed for a term of

four years may not be reappointed to an advisory council before two years from the date of expiration of such term of office. If a vacancy occurs in the advisory council among the appointed members, the Secretary shall make an appointment to fill the vacancy within 90 days from the date the vacancy occurs.

(d) Chairman; term of office

The chairman of an advisory council shall be selected by the Secretary from among the appointed members, except that the Secretary may select the Director of the national research institute for which the advisory council is established to be the chairman of the advisory council. The term of office of the chairman shall be two years.

(e) Meetings

The advisory council shall meet at the call of the chairman or upon the request of the Director of the national research institute for which it was established, but at least three times each fiscal year. The location of the meetings of each advisory council is subject to the approval of the Director of the national research institute for which the advisory council was established.

(f) Appointment of executive secretary; training and orientation for new members

The Director of the national research institute for which an advisory council is established shall designate a member of the staff of the institute to serve as the executive secretary of the advisory council. The Director of such institute shall make available to the advisory council such staff, information, and other assistance as it may require to carry out its functions. The Director of such institute shall provide orientation and training for new members of the advisory council to provide them with such information and training as may be appropriate for their effective participation in the functions of the advisory council.

(g) Comments and recommendations for inclusion in biennial report; additional reports

Each advisory council may prepare, for inclusion in the biennial report made under section 284b of this title, (1) comments respecting the activities of the advisory council in the fiscal years respecting which the report is prepared, (2) comments on the progress of the national research institute for which it was established in meeting its objectives, and (3) recommendations respecting the future directions and program and policy emphasis of the institute. Each advisory council may prepare such additional reports as it may determine appropriate.

(h) Advisory councils in existence; application of section to National Cancer Advisory Board and advisory council to National Heart, Lung, and Blood Institute

(1) Except as provided in paragraph (2), this section does not terminate the membership of any advisory council for a national research institute which was in existence on November 20, 1985. After November 20, 1985—

(A) the Secretary shall make appointments to each such advisory council in such a manner as to bring about as soon as practicable the composition for such council prescribed by this section;

(B) each advisory council shall organize itself in accordance with this section and exercise the functions prescribed by this section; and

(C) the Director of each national research institute shall perform for such advisory council the functions prescribed by this section.

(2)(A) The National Cancer Advisory Board shall be the advisory council for the National Cancer Institute. This section applies to the National Cancer Advisory Board, except that—

(i) appointments to such Board shall be made by the President;

(ii) the term of office of an appointed member shall be 6 years;

(iii) of the members appointed to the Board not less than five members shall be individuals knowledgeable in environmental carcinogenesis (including carcinogenesis involving occupational and dietary factors);

(iv) the chairman of the Board shall be selected by the President from the appointed members and shall serve as chairman for a term of two years;

(v) the ex officio members of the Board shall be nonvoting members and shall be the Secretary, the Director of the Office of Science and Technology Policy, the Director of NIH, the Under Secretary for Health of the Department of Veterans Affairs, the Director of the National Institute for Occupational Safety and Health, the Director of the National Institute of Environmental Health Sciences, the Secretary of Labor, the Commissioner of the Food and Drug Administration, the Administrator of the Environmental Protection Agency, the Chairman of the Consumer Product Safety Commission, the Assistance Secretary of Defense for Health Affairs, and the Director of the Office of Science of the Department of Energy (or the designees of such officers); and

(vi) the Board shall meet at least four times each fiscal year.

(B) This section applies to the advisory council to the National Heart, Lung, and Blood Institute, except that the advisory council shall meet at least four times each fiscal year.

(July 1, 1944, c. 373, Title IV, § 406, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 828, and amended Oct. 25, 1988, Pub.L. 100–527, § 10, 102 Stat. 2640; Nov. 4, 1988, Pub.L. 100–607, Title I, § 117, 102 Stat. 3053; Aug. 18, 1990, Pub.L. 101–381, Title I, § 102(1), 104 Stat. 585; Oct. 9, 1992, Pub.L. 102–405, Title III, § 302(e)(1), 106 Stat. 1984; June 10, 1993, Pub.L. 103–43, Title II, § 210(a), Title XX, §§ 2008(b)(1), 2010(b)(2), 107 Stat. 149, 210, 214; Oct. 7, 1998, Pub.L. 105–245, Title III, § 309(b)(2)(C), 112 Stat. 1853.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

1998 Acts. House Conference Report No. 105–749, see 1998 U.S. Code Cong. and Adm. News, p. 457.

Amendments

1998 Amendments. Subsec. (h)(2)(A)(v). Pub.L. 105–245, § 309(b)(2)(C), substituted "Office of Science" for "Office of Energy Research".

1993 Amendments. Subsec. (a)(2). Pub.L. 103–43, § 2010(b)(2), substituted "section 238 of this title" for "section 300aaa of this title".

Subsec. (b)(2)(A). Pub.L. 103–43, § 2008(b)(1)(A), substituted "Department of Veterans Affairs" for "Veterans' Administration" wherever appearing.

Subsec. (c). Pub.L. 103–43, § 210(a), substituted "for 180 days after the date of such expiration" for "until a successor has taken office".

Subsec. (h)(2)(A). Pub.L. 103–43, § 2008(b)(1)(B), in cl. (v) substituted "Department of Veterans Affairs" for "Veterans' Administration".

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

Change of Name

Reference to the "Chief Medical Director of the Veterans' Administration" deemed to refer to the "Chief Medical Director of the Department of Veterans Affairs" pursuant to section 10 of Pub.L. 100–527, set out as a Department of Veterans Affairs Act note under section 301 of Title 38, Veterans' Benefits.

Reference to the "Chief Medical Director of the Department of Veterans Affairs" deemed to refer to the "Under Secretary for Health of the Department of Veterans Affairs" pursuant to section 302(e) of Pub.L. 102–405, set out as a Change of Name note under section 305 of Title 38, Veterans' Benefits.

CROSS REFERENCES

Applicability of this section to Advisory Council, Office of AIDS Research, see 42 USCA § 300cc–40a.

§ 284c. Certain uses of funds

(a)(1) Except as provided in paragraph (2), the sum of the amounts obligated in any fiscal year for administrative expenses of the National Institutes of Health may not exceed an amount which is 5.5 percent of the total amount appropriated for such fiscal year for the National Institutes of Health.

(2) Paragraph (1) does not apply to the National Library of Medicine, the National Center for Nursing Research, the John E. Fogarty International Center for Advanced Study in the Health Sciences, the Warren G. Magnuson Clinical Center, and the Office of Medical Applications of Research.

(3) For purposes of paragraph (1), the term "administrative expenses" means expenses incurred for the support of activities relevant to the award of grants, contracts,

and cooperative agreements and expenses incurred for general administration of the scientific programs and activities of the National Institutes of Health.

(4) Repealed. Pub.L. 105–362, Title VI, § 601(a)(1)(B), Nov. 10, 1998, 112 Stat. 3285

(b) For fiscal year 1989 and subsequent fiscal years, amounts made available to the National Institutes of Health shall be available for payment of nurses and allied health professionals in accordance with payment authorities, scheduling options, benefits, and other authorities provided under chapter 73 of Title 38 for nurses of the Department of Veterans Affairs.

(July 1, 1944, c. 373, Title IV, § 408, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 831, and amended Nov. 4, 1988, Pub.L. 100–607, Title I, § 118, 102 Stat. 3053; Nov. 18, 1988, Pub.L. 100–690, Title II, § 2613(d), 102 Stat. 4239; June 10, 1993, Pub.L. 103–43, Title IV, § 403(b)(1), Title XX, § 2008(b)(2), 107 Stat. 158, 211; Oct. 19, 1996, Pub.L. 104–316, Title I, § 122(a), 110 Stat. 3836; Nov. 10, 1998, Pub.L. 105–362, Title VI, § 601(a)(1)(B), 112 Stat. 3285.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1998 Amendments. Subsec. (a). Pub.L. 105–362, § 601(a)(1)(B), repealed par. (4), which formerly read: "Not later than December 31, 1987, and December 31 of each succeeding year, the Secretary shall report to the Congress the amount obligated in the fiscal year preceding such date for administrative expenses of the National Institutes of Health and the total amount appropriated for the National Institutes of Health for such fiscal year. The Secretary shall consult with the Comptroller General of the United States in preparing each report."

1996 Amendments. Subsec. (a)(3). Pub.L. 104–316, § 122(a), struck out provisions requiring the Secretary to consult with the Comptroller General in identifying expenses incurred for support and administration.

1993 Amendments. Heading. Pub.L. 103–43, § 403(b)(1)(D), substituted "Certain uses of funds" for "Authorization of appropriations; amounts obligated for administrative expenses; annual report to Congress".

Subsec. (a). Pub.L. 103–43, § 403(b)(1)(A)–(C), redesignated former subsec. (b) as (a), subsequently redesignated former subsec. (a)(5) as (b), and struck out former subsec. (a), which authorized appropriations, in addition to amounts otherwise appropriated under this subchapter, for the National Cancer Institute for programs other than under section 285a–1 of this title and for its program under section 285a–1 of this title and for the National Heart, Lung, and Blood Institute for programs other than under section 285b–1 of this title and for its program under section 285b–1 of this title.

Subsec. (b). Pub.L. 103–43, § 403(b)(1)(C), redesignated former subsec. (a)(5) as (b).

Pub.L. 103–43, § 2008(b)(2), substituted "Department of Veterans Affairs" for "Veterans' Administration".

Effective and Applicability Provisions

1996 Acts. Amendment by Pub.L. 104–316 effective Oct. 19, 1996, see section 101(e) of Pub.L. 104–316, set out as a note under section 130c of Title 2, The Congress.

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

§ 284d. "Health services research" defined

(a) Health service research

For purposes of this subchapter, the term "health services research" means research endeavors that study the impact of the organization, financing and management of health services on the quality, cost, access to and outcomes of care. Such term does not include research on the efficacy of services to prevent, diagnose, or treat medical conditions.

(b) Clinical research

As used in this subchapter, the term "clinical research" means patient oriented clinical research conducted with human subjects, or research on the causes and consequences of disease in human populations involving material of human origin (such as tissue specimens and cognitive phenomena) for which an investigator or colleague directly interacts with human subjects in an outpatient or inpatient setting to clarify a problem in human physiology, pathophysiology or disease, or epidemiologic or behavioral studies, outcomes research or health services research, or developing new technologies, therapeutic interventions, or clinical trials.

(July 1, 1944, c. 373, Title IV, § 409, as added July 10, 1992, Pub.L. 102–321, Title I, § 121(b), 106 Stat. 358, and amended June 10, 1993, Pub.L. 103–43, Title XX, § 2016(a), 107 Stat. 218; Nov. 13, 2000, Pub.L. 106–505, Title II, § 206, 114 Stat. 2329.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

2000 Acts. House Report No. 106–634, see 2000 U.S. Code Cong. and Adm. News, p. 2168.

References in Text

This subchapter, referred to in subsec. (b), originally read "this title", meaning Title IV of the Public Health Service Act, which is principally classified to this subchapter.

Amendments

2000 Amendments. Subsec. (a), (b). Pub.L. 106–505, § 206, designated existing text as (a) and therein added the heading; and added subsec. (b).

1993 Amendments. Pub.L. 103–43 added provision excluding from definition research on efficacy of services to prevent, diagnose, or treat medical conditions.

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

1992 Acts. Section effective Oct. 1, 1992, see section 801(c) of Pub.L. 102–321, set out as a note under section 236 of this title.

CROSS REFERENCES

Interagency agreements, dissemination of information, Agency for Healthcare Policy and Research, see 42 USCA § 299a–1.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 284e. Research on osteoporosis, Paget's disease, and related bone disorders

(a) Establishment

The Directors of the National Institute of Arthritis and Musculoskeletal and Skin Diseases, the National Institute on Aging, the National Institute of Dental Research, and the National Institute of Diabetes and Digestive and Kidney Diseases, shall expand and intensify the programs of such Institutes with respect to research and related activities concerning osteoporosis, Paget's disease, and related bone disorders.

(b) Coordination

The Directors referred to in subsection (a) of this section, shall jointly coordinate the programs referred to in such subsection and consult with the Arthritis and Musculoskeletal Diseases Interagency Coordinating Committee and the Interagency Task Force on Aging Research.

(c) Information clearinghouse

(1) In general

In order to assist in carrying out the purpose described in subsection (a) of this section, the Director of NIH shall provide for the establishment of an information clearinghouse on osteoporosis and related bone disorders to facilitate and enhance knowledge and understanding on the part of health professionals, patients, and the public through the effective dissemination of information.

(2) Establishment through grant or contract

For the purpose of carrying out paragraph (1), the Director of NIH shall enter into a grant, cooperative agreement, or contract with a nonprofit private entity involved in activities regarding the prevention and control of osteoporosis and related bone disorders.

(d) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated $40,000,000 for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 through 2003.

(July 1, 1944, c. 373, Title IV, § 409A, as added June 10, 1993, Pub.L. 103–43, Title III, § 302, 107 Stat. 151, and amended Oct. 31, 1998, Pub.L. 105–340, Title I, § 102, 112 Stat. 3192.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103-2 and House Conference Report No. 103-100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

1998 Acts. Statement by President, see 1998 U.S. Code Cong. and Adm. News, p. 772.

Amendments

1998 Amendments. Subsec. (d). Pub.L. 105-340, § 102, struck "and 1996" and inserted "through 2003".

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103-43, set out as a note under section 201 of this title.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 284f. Parkinson's disease; research and training

(a) In general

The Director of NIH shall establish a program for the conduct and support of research and training with respect to Parkinson's disease (subject to the extent of amounts appropriated under subsection (e) of this section).

(b) Inter-institute coordination

(1) In general

The Director of NIH shall provide for the coordination of the program established under subsection (a) of this section among all of the national research institutes conducting Parkinson's disease research.

(2) Conference

Coordination under paragraph (1) shall include the convening of a research planning conference not less frequently than once every 2 years. Each such conference shall prepare and submit to the Committee on Appropriations and the Committee on Labor and Human Resources of the Senate and the Committee on Appropriations and the Committee on Commerce of the House of Representatives a report concerning the conference.

(c) Morris K. Udall Research Centers

(1) In general

The Director of NIH is authorized to award Core Center Grants to encourage the development of innovative multidisciplinary research and provide training concerning Parkinson's disease. The Director is authorized to award not more than 10 Core Center Grants and designate each center funded under such grants as a Morris K. Udall Center for Research on Parkinson's Disease.

(2) Requirements

(A) In general

With respect to Parkinson's disease, each center assisted under this subsection shall—

(i) use the facilities of a single institution or a consortium of cooperating institutions, and meet such qualifications as may be prescribed by the Director of the NIH; and

(ii) conduct basic and clinical research.

(B) Discretionary requirements

With respect to Parkinson's disease, each center assisted under this subsection may—

(i) conduct training programs for scientists and health professionals;

(ii) conduct programs to provide information and continuing education to health professionals;

(iii) conduct programs for the dissemination of information to the public;

(iv) separately or in collaboration with other centers, establish a nationwide data system derived from patient populations with Parkinson's disease, and where possible, comparing relevant data involving general populations;

(v) separately or in collaboration with other centers, establish a Parkinson's Disease Information Clearinghouse to facilitate and enhance knowledge and understanding of Parkinson's disease; and

(vi) separately or in collaboration with other centers, establish a national education program that fosters a national focus on Parkinson's disease and the care of those with Parkinson's disease.

(3) Stipends regarding training programs

A center may use funds provided under paragraph (1) to provide stipends for scientists and health professionals enrolled in training programs under paragraph (2)(B).

(4) Duration of support

Support of a center under this subsection may be for a period not exceeding five years. Such period may be extended by the Director of NIH for one or more additional periods of not more than five years if the operations of such center have been reviewed by an appropriate technical and scientific peer review group established by the Director and if such group has recommended to the Director that such period should be extended.

(d) Morris K. Udall Awards for Excellence in Parkinson's Disease Research

The Director of NIH is authorized to establish a grant program to support investigators with a proven record of excellence and innovation in Parkinson's disease research and who demonstrate potential for significant future breakthroughs in the understanding of the pathogensis,[1] diagnosis, and treatment of Parkinson's disease. Grants under this subsection shall be available for a period of not to exceed 5 years.

(e) Authorization of appropriations

For the purpose of carrying out this section and section 241 of this title and title IV of the Public Health Service Act [42 U.S.C.A. § 281 et seq.] with respect to research focused on Parkinson's disease, there are authorized to be appropriated up to $100,000,000 for fiscal year 1998, and such sums as may be necessary for each of the fiscal years 1999 and 2000.

(July 1, 1944, c. 373, Title IV, § 409B, as added Nov. 13, 1997, Pub.L. 105–78, Title VI, § 603(c), 111 Stat. 1520.)

[1] So in original. Probably should be "pathogenesis".

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1997 Acts. House Conference Report No. 105–390 and Statement by President, see 1997 U.S. Code Cong. and Adm. News, p. 2061.

References in Text

Section 241 of this title, referred to in subsec. (e), was in the original "section 301" and probably means section 301 of the Public Health Service Act, which was classified to section 241 of this title.

Title IV of the Public Health Service Act, referred to in subsec. (e), is Title IV of Act July 1, 1944, c. 373, 58 Stat. 707, as amended, which comprises this subchapter. For complete classification of this Act to the Code, see Tables.

Finding and purpose

Section 603(b) of Pub.L. 105–78 provided that:

"**(1) Finding.**—Congress finds that to take full advantage of the tremendous potential for finding a cure or effective treatment, the Federal investment in Parkinson's disease must be expanded, as well as the coordination strengthened among the National Institutes of Health research institutes.

"**(2) Purpose.**—It is the purpose of this section to provide for the expansion and coordination of research regarding Parkinson's disease, and to improve care and assistance for afflicted individuals and their family caregivers."

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 284g. Expansion, intensification, and coordination of activities of National institutes of health with respect to research on autism

(a) In general

(1) Expansion of activities

The Director of NIH (in this section referred to as the "Director") shall expand, intensify, and coordinate the activities of the National Institutes of Health with respect to research on autism.

(2) Administration of program; collaboration among agencies

The Director shall carry out this section acting through the Director of the National Institute of Mental Health and in collaboration with any other agencies that the Director determines appropriate.

(b) Centers of excellence

(1) In general

The Director shall under subsection (a)(1) make awards of grants and contracts to public or nonprofit private entities to pay all or part of the cost of planning, establishing, improving, and providing basic operating support for centers of excellence regarding research on autism.

(2) Research

Each center under paragraph (1) shall conduct basic and clinical research into autism. Such research should include investigations into the cause, diagnosis, early detection, prevention, control, and treatment of autism. The centers, as a group, shall conduct research including the fields of developmental neurobiology, genetics, and psychopharmacology.

(3) Services for patients

(A) In general

A center under paragraph (1) may expend amounts provided under such paragraph to carry out a program to make individuals aware of opportunities to participate as subjects in research conducted by the centers.

(B) Referrals and costs

A program under subparagraph (A) may, in accordance with such criteria as the Director may establish, provide to the subjects described in such subparagraph, referrals for health and other services, and such patient care costs as are required for research.

(C) Availability and access

The extent to which a center can demonstrate availability and access to clinical services shall be considered by the Director in decisions about awarding grants to applicants which meet the scientific criteria for funding under this section.

(4) Coordination of centers; reports

The Director shall, as appropriate, provide for the coordination of information among centers under paragraph (1) and ensure regular communication between such centers, and may require the periodic preparation of reports on the activities of the centers and the submission of the reports to the Director.

(5) Organization of centers

Each center under paragraph (1) shall use the facilities of a single institution, or be formed from a consortium of cooperating institutions, meeting such requirements as may be prescribed by the Director.

(6) Number of centers; duration of support

(A) In general

The Director shall provide for the establishment of not less than five centers under paragraph (1).

(B) Duration

Support for a center established under paragraph (1) may be provided under this section for a period of not to exceed 5 years. Such period may be extended for one or more additional periods not exceeding 5 years if the operations of such center have been reviewed by an appropriate technical and scientific peer review group established by the Director and if such group has recommended to the Director that such period should be extended.

(c) Facilitation of research

The Director shall under subsection (a)(1) provide for a program under which samples of tissues and genetic materials that are of use in research on autism are donated, collected, preserved, and made available for such research. The program shall be carried out in accordance with accepted scientific and medical standards for the donation, collection, and preservation of such samples.

(d) Public input

The Director shall under subsection (a)(1) provide for means through which the public can obtain information on the existing and planned programs and activities of the National Institutes of Health with respect to autism and through which the Director can receive comments from the public regarding such programs and activities.

(e) Funding

There are authorized to be appropriated such sums as may be necessary to carry out this section. Amounts appropriated under this subsection are in addition to any other amounts appropriated for such purpose.

(July 1, 1944, c. 373, Title IV, § 409C, as added Oct. 17, 2000, Pub.L. 106–310, Div. A, Title I, § 101, 114 Stat. 1105.)

HISTORICAL AND STATUTORY NOTES

Codifications

Another section 409C of the Public Health Service Act, as added by Pub.L. 106–505, Title II, § 203, Nov. 13, 2000, 114 Stat. 2326, and classified to 42 U.S.C.A. § 284k, was subsequently redesignated section 409G of the Public Health Service Act.

Effective and Applicability Provisions

Section effective Oct. 17, 2000, see section 2901 of Pub.L. 106–310, Div. A, Title XXIX, set out as a note under section 201 of this title.

LIBRARY REFERENCES

American Digest System

Health and Environment ⟹1, 7(3).
Key Number System Topic No. 199.
United States ⟹41, 85.
Key Number System Topic No. 393.

Encyclopedias

Health and Environment, see C.J.S. §§ 4, 9, 13.
United States, see C.J.S. §§ 41, 123.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 284h. Pediatric Research Initiative

(a) Establishment

The Secretary shall establish within the Office of the Director of NIH a Pediatric Research Initiative (referred to in this section as the "Initiative") to conduct and support research that is directly related to diseases, disorders, and other conditions in children. The Initiative shall bve headed by the Director of NIH.

(b) Purpose

The purpose of the Initiative is to provide funds to enable the Director of NIH—

(1) to increase support for pediatric biomedical research within the National Institutes of Health to realize the expanding opportunities for advancement in scientific investigations and care for children;

(2) to enhance collaborative efforts among the Institutes to conduct and support multidisciplinary research in the areas that the Director deems most promising; and

(3) in coordination with the Food and Drug Administration, to increase the development of adequate pediatric clinical trials and pediatric use information to promote the safer and more effective use of prescription drugs in the pediatric population.

(c) Duties

In carrying out subsection (b), the Director of NIH shall—

(1) consult with the Director of the National Institute of Child Health and Human Development and the other national research institutes, in considering their requests for new or expanded pediatric research efforts, and consult with the Administrator of the Health Resources and Services Administration and other advisors as the Director determines to be appropriate;

(2) have broad discretion in the allocation of any Initiative assistance among the Institutes, among types of grants, and between basic and clinical research so long as the assistance is directly related to the illnesses and conditions of children; and

(3) be responsible for the oversight of any newly appropriated Initiative funds and annually report to Congress and the public on the extent of the total funds obligated to conduct or support pediatric research across the National Institutes of Health, including the specific support and research awards allocated through the Initiative.

(d) Authorization

For the purpose of carrying out this section, there are authorized to be appropriated $50,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 through 2005.

(e) Transfer of funds

The Director of NIH may transfer amounts appropriated under this section to any of the Institutes for a fiscal year to carry out the purposes of the Initiative under this section.

(July 1, 1944, c. 373, Title IV, § 409D, as added Oct. 17, 2000, Pub.L. 106–310, Div. A, Title X, § 1001, 114 Stat. 1127.)

HISTORICAL AND STATUTORY NOTES

Codifications

Another section 409D of the Public Health Service Act, as added by Pub.L. 106–505, Title II, § 204(b), Nov. 13, 2000, 114 Stat. 2327, and classified to 42 U.S.C.A. § 284*l*, was subsequently redesignated section 409H of the Public Health Service Act.

Effective and Applicability Provisions

Section effective Oct. 17, 2000, see section 2901 of Pub.L. 106–310, Div. A, Title XXIX, set out as a note under section 201 of this title.

LIBRARY REFERENCES

American Digest System

Health and Environment ⟹1, 7(3).
Key Number System Topic No. 199.
United States ⟹32, 41.
Key Number System Topic No. 393.

Encyclopedias

Health and Environment, see C.J.S. §§ 4, 9, 13.
United States, see C.J.S. §§ 32, 41, 123.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 284i. Autoimmune diseases

(a) Expansion, intensification, and coordination of activities

(1) In general

The Director of NIH shall expand, intensify, and coordinate research and other activities of the National Institutes of Health with respect to autoimmune diseases.

(2) Allocations by Director of NIH

With respect to amounts appropriated to carry out this section for a fiscal year, the Director of NIH shall allocate the amounts among the national research institutes that are carrying out paragraph (1).

(3) Definition

The term "autoimmune disease" includes, for purposes of this section such diseases or disorders with evidence of autoimmune pathogensis as the Secretary determines to be appropriate.

(b) Coordinating Committee

(1) In general

The Secretary shall ensure that the Autoimmune Diseases Coordinating Committee (referred to in this section as the "Coordinating Committee") coordinates activities across the National Institutes and with other Federal health programs and activities relating to such diseases.

(2) Composition

The Coordinating Committee shall be composed of the directors or their designees of each of the national research institutes involved in research with respect to autoimmune diseases and representatives of all other Federal departments and agencies whose programs involve health functions or responsibilities relevant to such diseases, including the Centers for Disease Control and Prevention and the Food and Drug Administration.

(3) Chair

(A) In general

With respect to autoimmune diseases, the Chair of the Committee shall serve as the principal advisor to the Secretary, the Assistant Secretary for Health, and the Director of NIH, and shall provide advice to the Director of the Centers for Disease Control and Prevention, the Commissioner of Food and Drugs, and other relevant agencies.

(B) Director of NIH

The Chair of the Committee shall be directly responsible to the Director of NIH.

(c) Plan for NIH activities

(1) In general

Not later than 1 year after October 17, 2000, the Coordinating Committee shall develop a plan for conducting and supporting research and education on autoimmune diseases through the national research institutes and shall periodically review and revise the plan. The plan shall—

(A) provide for a broad range of research and education activities relating to biomedical, psychosocial, and rehabilitative issues, including studies of the disproportionate impact of such diseases on women;

(B) identify priorities among the programs and activities of the National Institutes of Health regarding such diseases; and

(C) reflect input from a broad range of scientists, patients, and advocacy groups.

(2) Certain elements of plan

The plan under paragraph (1) shall, with respect to autoimmune diseases, provide for the following as appropriate:

(A) Research to determine the reasons underlying the incidence and prevalence of the diseases.

(B) Basic research concerning the etiology and causes of the diseases.

(C) Epidemiological studies to address the frequency and natural history of the diseases, including any differences among the sexes and among racial and ethnic groups.

(D) The development of improved screening techniques.

(E) Clinical research for the development and evaluation of new treatments, including new biological agents.

(F) Information and education programs for health care professionals and the public.

(3) Implementation of plan

The Director of NIH shall ensure that programs and activities of the National Institutes of Health regarding autoimmune diseases are implemented in accordance with the plan under paragraph (1).

(d) Reports to Congress

The Coordinating Committee under subsection (b)(1) shall biennially submit to the Committee on Commerce of the House of Representatives, and the Committee on Health, Education, Labor and Pensions of the Senate, a report that describes the research, education, and other activities on autoimmune diseases being conducted or supported through the national research institutes, and that in addition includes the following:

(1) The plan under subsection (c)(1) (or revisions to the plan, as the case may be).

(2) Provisions specifying the amounts expended by the National Institutes of Health with respect to each of the autoimmune diseases included in the plan.

(3) Provisions identifying particular projects or types of projects that should in the future be considered by the national research institutes or other entities in the field of research on autoimmune diseases.

(e) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005. The authorization of appropriations established in the preceding sentence is in addition to any other authorization of appropriations that is available for conducting or supporting through the National Institutes of Health research and other activities with respect to autoimmune diseases.

(July 1, 1944, c. 373, Title IV, § 409E, as added Oct. 17, 2000, Pub.L. 106–310, Div. A, Title XIX, § 1901, 114 Stat. 1153.)

HISTORICAL AND STATUTORY NOTES

Effective and Applicability Provisions

Section effective Oct. 17, 2000, see section 2901 of Pub.L. 106–310, Div. A, Title XXIX, set out as a note under section 201 of this title.

LIBRARY REFERENCES

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Key Number System Topic No. 199.
United States ⟹23(5.1), 36, 41, 82(1), 85.
Key Number System Topic No. 393.

Encyclopedias

Health and Environment, see C.J.S. §§ 4, 9, 11, 13, 54.
United States, see C.J.S. §§ 26, 36 to 37, 41, 62 to 64, 122 to 123.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 284j. Muscular dystrophy research

(a) Coordination of activities

The Director of NIH shall expand and increase coordination in the activities of the National Institutes of Health with respect to research on muscular dystrophies, including Duchenne muscular dystrophy.

(b) Administration of program; collaboration among agencies

The Director of NIH shall carry out this section through the appropriate institutes, including the National Institute of Neurological Disorders and Stroke and in collaboration with any other agencies that the Director determines appropriate.

(c) Authorization of appropriations

There are authorized to be appropriated such sums as may be necessary to carry out this section for each of the fiscal years 2001 through 2005. Amounts appropriated under this subsection shall be in addition to any other amounts appropriated for such purpose.

(July 1, 1944, c. 373, Title IV, § 409F, as added Oct. 17, 2000, Pub.L. 106–310, Div. A, Title XXII, § 2201, 114 Stat. 1157.)

HISTORICAL AND STATUTORY NOTES

Effective and Applicability Provisions

Section effective Oct. 17, 2000, see section 2901 of Pub.L. 106–310, Div. A, Title XXIX, set out as a note under section 201 of this title.

LIBRARY REFERENCES

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Health and Environment ⟹1, 7(3).
Key Number System Topic No. 199.
United States ⟹41, 85.
Key Number System Topic No. 393.

Encyclopedias

Health and Environment, see C.J.S. §§ 4, 9, 13.
United States, see C.J.S. §§ 41, 123.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 284k. Clinical research

(a) In general

The Director of National Institutes of Health shall undertake activities to support and expand the involvement of the National Institutes of Health in clinical research.

(b) Requirements

In carrying out subsection (a), the Director of National Institutes of Health shall—

(1) consider the recommendations of the Division of Research Grants Clinical Research Study Group and other recommendations for enhancing clinical research; and

(2) establish intramural and extramural clinical research fellowship programs directed specifically at medical and dental students and a continuing education clinical research training program at the National Institutes of Health.

(c) Support for the diverse needs of clinical research

The Director of National Institutes of Health, in cooperation with the Directors of the Institutes, Centers, and Divisions of the National Institutes of Health, shall support and expand the resources available for the diverse needs of the clinical research community, including inpatient, outpatient, and critical care clinical research.

(d) Peer review

The Director of National Institutes of Health shall establish peer review mechanisms to evaluate applications for the awards and fellowships provided for in subsection (b)(2) and section 284*l* of this title. Such review mechanisms shall include individuals who are

exceptionally qualified to appraise the merits of potential clinical research training and research grant proposals.

(July 1, 1944, c. 373, Title IV, § 409G, formerly § 409C, as added Nov. 13, 2000, Pub.L. 106–505, Title II, § 203, 114 Stat. 2326; renumbered § 409G, Jan. 4, 2002, Pub.L. 107–109, § 3(1), 115 Stat. 1408.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

2000 Acts. House Report No. 106–634, see 2000 U.S. Code Cong. and Adm. News, p. 2168.

Congressional Findings and Purpose

Pub.L. 106–505, Title II, § 202, Nov. 13, 2000, 114 Stat. 2325, provided that:

"(a) **Findings.**—Congress makes the following findings:

"(1) Clinical research is critical to the advancement of scientific knowledge and to the development of cures and improved treatment for disease.

"(2) Tremendous advances in biology are opening doors to new insights into human physiology, pathophysiology and disease, creating extraordinary opportunities for clinical research.

"(3) Clinical research includes translational research which is an integral part of the research process leading to general human applications. It is the bridge between the laboratory and new methods of diagnosis, treatment, and prevention and is thus essential to progress against cancer and other diseases.

"(4) The United States will spend more than $1,200,000,000,000 on health care in 1999, but the Federal budget for health research at the National Institutes of Health was $15,600,000,000 only 1 percent of that total.

"(5) Studies at the Institute of Medicine, the National Research Council, and the National Academy of Sciences have all addressed the current problems in clinical research.

"(6) The Director of the National Institutes of Health has recognized the current problems in clinical research and appointed a special panel, which recommended expanded support for existing National Institutes of Health clinical research programs and the creation of new initiatives to recruit and retain clinical investigators.

"(7) The current level of training and support for health professionals in clinical research is fragmented, undervalued, and underfunded.

"(8) Young investigators are not only apprentices for future positions but a crucial source of energy, enthusiasm, and ideas in the day-to-day research that constitutes the scientific enterprise. Serious questions about the future of life-science research are raised by the following:

"(A) The number of young investigators applying for grants dropped by 54 percent between 1985 and 1993.

"(B) The number of physicians applying for first-time National Institutes of Health research project grants fell from 1226 in 1994 to 963 in 1998, a 21 percent reduction.

"(C) Newly independent life-scientists are expected to raise funds to support their new research programs and a substantial proportion of their own salaries.

"(9) The following have been cited as reasons for the decline in the number of active clinical researchers, and those choosing this career path:

"(A) A medical school graduate incurs an average debt of $85,619, as reported in the Medical School Graduation Questionnaire by the Association of American Medical Colleges (AAMC).

"(B) The prolonged period of clinical training required increases the accumulated debt burden.

"(C) The decreasing number of mentors and role models.

"(D) The perceived instability of funding from the National Institutes of Health and other Federal agencies.

"(E) The almost complete absence of clinical research training in the curriculum of training grant awardees.

"(F) Academic Medical Centers are experiencing difficulties in maintaining a proper environment for research in a highly competitive health care marketplace, which are compounded by the decreased willingness of third party payers to cover health care costs for patients engaged in research studies and research procedures.

"(10) In 1960, general clinical research centers were established under the Office of the Director of the National Institutes of Health with an initial appropriation of $3,000,000.

"(11) Appropriations for general clinical research centers in fiscal year 1999 equaled $200,500,000.

"(12) Since the late 1960s, spending for general clinical research centers has declined from approximately 3 percent to 1 percent of the National Institutes of Health budget.

"(13) In fiscal year 1999, there were 77 general clinical research centers in operation, supplying patients in the areas in which such centers operate with access to the most modern clinical research and clinical research facilities and technologies.

"(b) **Purpose.**—It is the purpose of this title [Pub.L. 106–505, Title II, Nov. 13, 2000, 114 Stat. 2325, which enacted this section and sections 284*l*, 287a–4, and 288a–5 of this title and provisions set out as notes under this section and amending section 284a of this title]to provide additional support for and to expand clinical research programs."

Oversight by General Accounting Office

Pub.L. 106–505, Title II, § 207, Nov. 13, 2000, 114 Stat. 2330, provided that: "Not later than 18 months after the date of the enactment of this Act [Nov. 13, 2000], the Comptroller General of the United States shall submit to the Congress a reporting describing the extent to which the

National Institutes of Health has complied with the amendments made by this title [Pub.L. 106–505, Title II, Nov. 13, 2000, 114 Stat. 2325, which enacted this section and sections 284*l*, 287a–4, and 288a–5 of this title and provisions set out as notes under this section and amending section 284a of this title]."

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 284*l*. Enhancement awards

(a) Mentored Patient-Oriented Research Career Development Awards

(1) Grants

(A) In general

The Director of the National Institutes of Health shall make grants (to be referred to as "Mentored Patient-Oriented Research Career Development Awards") to support individual careers in clinical research at general clinical research centers or at other institutions that have the infrastructure and resources deemed appropriate for conducting patient-oriented clinical research.

(B) Use

Grants under subparagraph (A) shall be used to support clinical investigators in the early phases of their independent careers by providing salary and such other support for a period of supervised study.

(2) Applications

An application for a grant under this subsection shall be submitted by an individual scientist at such time as the Director may require.

(3) Authorization of appropriations

For the purpose of carrying out this subsection, there are authorized to be appropriated such sums as may be necessary for each fiscal year.

(b) Mid-Career Investigator Awards in Patient-Oriented Research

(1) Grants

(A) In general

The Director of the National Institutes of Health shall make grants (to be referred to as "Mid-Career Investigator Awards in Patient-Oriented Research") to support individual clinical research projects at general clinical research centers or at other institutions that have the infrastructure and resources deemed appropriate for conducting patient-oriented clinical research.

(B) Use

Grants under subparagraph (A) shall be used to provide support for mid-career level clinicians to allow such clinicians to devote time to clinical research and to act as mentors for beginning clinical investigators.

(2) Applications

An application for a grant under this subsection shall be submitted by an individual scientist at such time as the Director requires.

(3) Authorization of appropriations

For the purpose of carrying out this subsection, there are authorized to be appropriated such sums as may be necessary for each fiscal year.

(c) Graduate Training in Clinical Investigation Award

(1) In general

The Director of the National Institutes of Health shall make grants (to be referred to as "Graduate Training in Clinical Investigation Awards") to support individuals pursuing master's or doctoral degrees in clinical investigation.

(2) Applications

An application for a grant under this subsection shall be submitted by an individual scientist at such time as the Director may require.

(3) Limitations

Grants under this subsection shall be for terms of 2 years or more and shall provide stipend, tuition, and institutional support for individual advanced degree programs in clinical investigation.

(4) Definition

As used in this subsection, the term "advanced degree programs in clinical investigation" means programs that award a master's or Ph.D. degree in clinical investigation after 2 or more years of training in areas such as the following:

(A) Analytical methods, biostatistics, and study design.

(B) Principles of clinical pharmacology and pharmacokinetics.

(C) Clinical epidemiology.

(D) Computer data management and medical informatics.

(E) Ethical and regulatory issues.

(F) Biomedical writing.

(5) Authorization of appropriations

For the purpose of carrying out this subsection, there are authorized to be appropriated such sums as may be necessary for each fiscal year.

(d) Clinical Research Curriculum Awards

(1) In general

The Director of the National Institutes of Health shall make grants (to be referred to as "Clinical Research Curriculum Awards") to institutions for the development and support of programs of core curricula for training clinical investigators, including medical students. Such core curricula may include training in areas such as the following:

(A) Analytical methods, biostatistics, and study design.

(B) Principles of clinical pharmacology and pharmacokinetics.

(C) Clinical epidemiology.

(D) Computer data management and medical informatics.

(E) Ethical and regulatory issues.

(F) Biomedical writing.

(2) Applications

An application for a grant under this subsection shall be submitted by an individual institution or a consortium of institutions at such time as the Director may require. An institution may submit only one such application.

(3) Limitations

Grants under this subsection shall be for term [illegible] is years or more and may be renewable.

(4) Authorization of appropriations

For the purpose of carrying out this subsection, there are authorized to be appropriated such sums as may be necessary for each fiscal year.

(July 1, 1944, c. 373, Title IV, § 409H, formerly § 409D, as added Nov. 13, 2000, Pub.L. 106–505, Title II, § 204(b), 114 Stat. 2327; renumbered § 409H, Jan. 4, 2002, Pub.L. 107–109, § 3(2), 115 Stat. 1408.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

2000 Acts. House Report No. 106–634, see 2000 U.S. Code Cong. and Adm. News, p. 2168.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 284m. Program for pediatric studies of drugs

(a) List of drugs for which pediatric studies are needed

(1) In general

Not later than one year after January 4, 2002, the Secretary, acting through the Director of the National Institutes of Health and in consultation with the Commissioner of Food and Drugs and experts in pediatric research, shall develop, prioritize, and publish an annual list of approved drugs for which—

(A)(i) there is an approved application under section 355(j) of Title 21;

(ii) there is a submitted application that could be approved under the criteria of section 355(j) of Title 21;

(iii) there is no patent protection or market exclusivity protection under the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.); or

(iv) there is a referral for inclusion on the list under section 355a(d)(4)(C) of Title 21; and

(B) in the case of a drug referred to in clause (i), (ii), or (iii) of subparagraph (A), additional studies are needed to assess the safety and effectiveness of the use of the drug in the pediatric population.

(2) Consideration of available information

In developing and prioritizing the list under paragraph (1), the Secretary shall consider, for each drug on the list—

(A) the availability of information concerning the safe and effective use of the drug in the pediatric population;

(B) whether additional information is needed;

(C) whether new pediatric studies concerning the drug may produce health benefits in the pediatric population; and

(D) whether reformulation of the drug is necessary.

(b) Contracts for pediatric studies

The Secretary shall award contracts to entities that have the expertise to conduct pediatric clinical trials (including qualified universities, hospitals, laboratories, contract research organizations, federally funded programs such as pediatric pharmacology research units, other public or private institutions, or individuals) to enable the entities to conduct pediatric studies concerning one or more drugs identified in the list described in subsection (a).

(c) Process for contracts and labeling changes

(1) Written request to holders of approved applications for drugs lacking exclusivity

The Commissioner of Food and Drugs, in consultation with the Director of the National Institutes of Health, may issue a written request (which shall include a timeframe for negotiations for an agreement) for pediatric studies concerning a drug identified in the list described in subsection (a)(1)(A) (except clause (iv)) to all holders of an approved application for the drug under section 355 of Title 21. Such a written request shall be made in a manner equivalent to the manner in which a written request is made under subsection (a) or (b) of section 355a of Title 21, including with respect to information provided on the pediatric studies to be conducted pursuant to the request.

(2) Requests for contract proposals

If the Commissioner of Food and Drugs does not receive a response to a written request issued under paragraph (1) within 30 days of the date on which a request was issued, or if a referral described in subsection (a)(1)(A)(iv) is made, the Secretary, acting through the Director of the National Institutes of Health and in

consultation with the Commissioner of Food and Drugs, shall publish a request for contract proposals to conduct the pediatric studies described in the written request.

(3) Disqualification

A holder that receives a first right of refusal shall not be entitled to respond to a request for contract proposals under paragraph (2).

(4) Guidance

Not later than 270 days after January 4, 2002, the Commissioner of Food and Drugs shall promulgate guidance to establish the process for the submission of responses to written requests under paragraph (1).

(5) Contracts

A contract under this section may be awarded only if a proposal for the contract is submitted to the Secretary in such form and manner, and containing such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

(6) Reporting of studies

(A) In general

On completion of a pediatric study in accordance with a contract awarded under this section, a report concerning the study shall be submitted to the Director of the National Institutes of Health and the Commissioner of Food and Drugs. The report shall include all data generated in connection with the study.

(B) Availability of reports

Each report submitted under subparagraph (A) shall be considered to be in the public domain (subject to section 355a(d)(4)(D) of Title 21) and shall be assigned a docket number by the Commissioner of Food and Drugs. An interested person may submit written comments concerning such pediatric studies to the Commissioner of Food and Drugs, and the written comments shall become part of the docket file with respect to each of the drugs.

(C) Action by Commissioner

The Commissioner of Food and Drugs shall take appropriate action in response to the reports submitted under subparagraph (A) in accordance with paragraph (7).

(7) Requests for labeling change

During the 180–day period after the date on which a report is submitted under paragraph (6)(A), the Commissioner of Food and Drugs shall—

(A) review the report and such other data as are available concerning the safe and effective use in the pediatric population of the drug studied;

(B) negotiate with the holders of approved applications for the drug studied for any labeling changes that the Commissioner of Food and Drugs determines to be appropriate and requests the holders to make; and

(C)(i) place in the public docket file a copy of the report and of any requested labeling changes; and

(ii) publish in the Federal Register a summary of the report and a copy of any requested labeling changes.

(8) Dispute resolution

(A) Referral to Pediatric Advisory Subcommittee of the Anti-Infective Drugs Advisory Committee

If, not later than the end of the 180–day period specified in paragraph (7), the holder of an approved application for the drug involved does not agree to any labeling change requested by the Commissioner of Food and Drugs under that paragraph, the Commissioner of Food and Drugs shall refer the request to the Pediatric Advisory Subcommittee of the Anti–Infective Drugs Advisory Committee.

(B) Action by the Pediatric Advisory Subcommittee of the Anti-Infective Drugs Advisory Committee

Not later than 90 days after receiving a referral under subparagraph (A), the Pediatric Advisory Subcommittee of the Anti–Infective Drugs Advisory Committee shall—

(i) review the available information on the safe and effective use of the drug in the pediatric population, including study reports submitted under this section; and

(ii) make a recommendation to the Commissioner of Food and Drugs as to appropriate labeling changes, if any.

(9) FDA determination

Not later than 30 days after receiving a recommendation from the Pediatric Advisory Subcommittee of the Anti–Infective Drugs Advisory Committee under paragraph (8)(B)(ii) with respect to a drug, the Commissioner of Food and Drugs shall consider the recommendation and, if appropriate, make a request to the holders of approved applications for the drug to make any labeling change that the Commissioner of Food and Drugs determines to be appropriate.

(10) Failure to agree

If a holder of an approved application for a drug, within 30 days after receiving a request to make a labeling change under paragraph (9), does not agree to make a requested labeling change, the Commissioner may deem the drug to be misbranded under the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.).

(11) No effect on authority

Nothing in this subsection limits the authority of the United States to bring an enforcement action under the Federal Food, Drug, and Cosmetic Act [21 U.S.C.A. § 301 et seq.] when a drug lacks appropriate pediatric labeling. Neither course of action (the Pediatric Advisory Subcommittee of the Anti–Infective Drugs Advisory Committee process or an enforcement action referred to in the preceding sentence) shall preclude, delay, or serve as the basis to stay the other course of action.

(12) Recommendation for formulation changes

If a pediatric study completed under public contract indicates that a formulation change is necessary and the Secretary agrees, the Secretary shall send a nonbinding letter of recommendation regarding that change to each holder of an approved application.

(d) Authorization of appropriations

(1) In general

There are authorized to be appropriated to carry out this section—

(A) $200,000,000 for fiscal year 2002; and

(B) such sums as are necessary for each of the five succeeding fiscal years.

(2) Availability

Any amount appropriated under paragraph (1) shall remain available to carry out this section until expended.

(July 1, 1944, c. 373, Title IV, § 409I, as added Jan. 4, 2002, Pub.L. 107–109, § 3(3), 115 Stat. 1408.)

HISTORICAL AND STATUTORY NOTES

References in Text

The Federal Food, Drug, and Cosmetic Act, referred to in subsecs. (a)(1)(A), (c)(10), is Act June 25, 1938, c. 675, 52 Stat. 1040, as amended, which is classified generally to chapter 9 (21 U.S.C.A. § 301 et seq.) of Title 21, Food and Drugs. For complete classification of this Act to the Code, see section 301 of Title 21 and Tables.

Not later than 270 days after January 4, 2002, referred to in subsec. (c)(4), was in the original not later than 270 days after the date of enactment of this section, which means not later than 270 days after the date of enactment of this Act, Pub.L. 107–109, 115 Stat. 1408, which enacted this section and which was approved on January 4, 2002.

Pediatric Pharmacology Advisory Committee

Pub.L. 107–109, § 14, Jan. 4, 2002, 115 Stat. 1419, provided that:

"(a) **In general.**—The Secretary of Health and Human Services shall, under section 222 of the Public Health Service Act (42 U.S.C. 217a), convene and consult an advisory committee on pediatric pharmacology (referred to in this section as the 'advisory committee").

"(b) **Purpose.**—

"(1) **In general.**—The advisory committee shall advise and make recommendations to the Secretary, through the Commissioner of Food and Drugs and in consultation with the Director of the National Institutes of Health, on matters relating to pediatric pharmacology.

"(2) **Matters included.**—The matters referred to in paragraph (1) include—

"(A) pediatric research conducted under sections 351, 409I, and 499 of the Public Health Service Act [42 U.S.C.A. §§ 262, 284m, and 290b] and sections 501, 502, 505, and 505A of the Federal Food, Drug, and Cosmetic Act [21 U.S.C.A. §§ 351, 352, 355, and 355a];

"(B) identification of research priorities related to pediatric pharmacology and the need for additional treatments of specific pediatric diseases or conditions; and

"(C) the ethics, design, and analysis of clinical trials related to pediatric pharmacology.

"(c) **Composition.**—The advisory committee shall include representatives of pediatric health organizations, pediatric researchers, relevant patient and patient-family organizations, and other experts selected by the Secretary."

PART C—SPECIFIC PROVISIONS RESPECTING NATIONAL RESEARCH INSTITUTES

Subpart 1—National Cancer Institute

§ 285a–2. Special authorities of Director

(a)(1) The Director of the Institute shall establish an information and education program to collect, identify, analyze, and disseminate on a timely basis, through publications and other appropriate means, to cancer patients and their families, physicians and other health professionals, and the general public, information on cancer research, diagnosis, prevention, and treatment (including information respecting nutrition programs for cancer patients and the relationship between nutrition and cancer). The Director of the Institute may take such action as may be necessary to insure that all channels for the dissemination and exchange of scientific knowledge and information are maintained between the Institute and the public and between the Institute and other scientific, medical, and biomedical disciplines and organizations nationally and internationally.

(2) In carrying out paragraph (1), the Director of the Institute shall—

(A) provide public and patient information and education programs, providing information that will help individuals take personal steps to reduce their risk of cancer, to make them aware of early detection techniques and to motivate appropriate utilization of those techniques, to help individuals deal with cancer if it strikes, and to provide information to improve long-term survival;

(B) continue and expand programs to provide physicians and the public with state-of-the-art information on the treatment of particular forms of cancers, and to identify those clinical trials that might benefit patients while advancing knowledge of cancer treatment;

(C) assess the incorporation of state-of-the-art cancer treatments into clinical practice and the extent to which cancer patients receive such treatments and include the results of such assessments in the biennial reports required under section 284b of this title;

(D) maintain and operate the International Cancer Research Data Bank, which shall collect, catalog, store, and disseminate insofar as feasible the results of cancer research and treatment undertaken in any country for the use of any person involved in cancer research and treatment in any country; and

(E) to the extent practicable, in disseminating the results of such cancer research and treatment, utilize information systems available to the public.

(b) The Director of the Institute in carrying out the National Cancer Program—

(1) shall establish or support the large-scale production or distribution of specialized biological materials and other therapeutic substances for cancer research and set standards of safety and care for persons using such materials;

(2) shall, in consultation with the advisory council for the Institute, support (A) research in the cancer field outside the United States by highly qualified foreign nationals which can be expected to benefit the American people, (B) collaborative

research involving American and foreign participants, and (C) the training of American scientists abroad and foreign scientists in the United States;

(3) shall, in consultation with the advisory council for the Institute, support appropriate programs of education and training (including continuing education and laboratory and clinical research training);

(4) shall encourage and coordinate cancer research by industrial concerns where such concerns evidence a particular capability for such research;

(5) may obtain (after consultation with the advisory council for the Institute and in accordance with section 3109 of Title 5, but without regard to the limitation in such section on the period of service) the services of not more than one hundred and fifty-one experts or consultants who have scientific or professional qualifications;

(6)(A) may, in consultation with the advisory council for the Institute, acquire, construct, improve, repair, operate, and maintain laboratories, other research facilities, equipment, and such other real or personal property as the Director determines necessary;

(B) may, in consultation with the advisory council for the Institute, make grants for construction or renovation of facilities; and

(C) may, in consultation with the advisory council for the Institute, acquire, without regard to section 34 of Title 40, by lease or otherwise through the Administrator of General Services, buildings or parts of buildings in the District of Columbia or communities located adjacent to the District of Columbia for the use of the Institute for a period not to exceed ten years;

(7) may, in consultation with the advisory council for the Institute, appoint one or more advisory committees composed of such private citizens and officials of Federal, State, and local governments to advise the Director with respect to the Director's functions;

(8) may, subject to section 284(b)(2) of this title and without regard to section 3324 of Title 31, and section 5 of Title 41, enter into such contracts, leases, cooperative agreements, as may be necessary in the conduct of functions of the Director, with any public agency, or with any person, firm, association, corporation, or educational institution; and

(9) shall, notwithstanding section 284(a) of this title, prepare and submit, directly to the President for review and transmittal to Congress, an annual budget estimate (including an estimate of the number and type of personnel needs for the Institute) for the National Cancer Program, after reasonable opportunity for comment (but without change) by the Secretary, the Director of NIH, and the Institute's advisory council.

Except as otherwise provided, experts and consultants whose services are obtained under paragraph (5) shall be paid or reimbursed, in accordance with Title 5 for their travel to and from their place of service and for other expenses associated with their assignment. Such expenses shall not be allowed in connection with the assignment of an expert or consultant whose services are obtained under paragraph (5) unless the expert or consultant has agreed in writing to complete the entire period of the assignment or one year of the assignment, whichever is shorter, unless separated or reassigned for reasons which are beyond the control of the expert or consultant and which are acceptable to the Director of the Institute. If the expert or consultant violates the agreement, the money spent by the United States for such expenses is recoverable from the expert or consultant as a debt due the United States. The Secretary may waive in whole or in part a right of recovery under the preceding sentence.

(c) Pre-clinical models to evaluate promising pediatric cancer therapies

(1) Expansion and coordination of activities

The Director of the National Cancer Institute shall expand, intensify, and coordinate the activities of the Institute with respect to research on the development of preclinical models to evaluate which therapies are likely to be effective for treating pediatric cancer.

(2) Coordination with other institutes

The Director of the Institute shall coordinate the activities under paragraph (1) with similar activities conducted by other national research institutes and agencies

of the National Institutes of Health to the extent that those Institutes and agencies have responsibilities that are related to pediatric cancer.

(July 1, 1944, c. 373, Title IV, § 413, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 833, and amended Nov. 4, 1988, Pub.L. 100–607, Title I, § 122, 102 Stat. 3054; Aug. 16, 1989, Pub.L. 101–93, § 5(c), 103 Stat. 611; June 10, 1993, Pub.L. 103–43, Title III, § 301(a)(2), 107 Stat. 150; Jan. 4, 2002, Pub.L. 107–109, § 15(b), 115 Stat. 1420.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

2002 Amendments. Subsec. (c). Pub.L. 107–109, § 15(b), added subsec. (c).

1993 Amendments. Subsec. (b)(9). Pub.L. 103–43, § 301(a)(2), struck out "(A)" after "(9)" and struck out subpar. (B), which permitted the Director to receive from the President and the Office of Management and Budget directly all funds appropriated by Congress for obligation and expenditure by the Institute.

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

§ 285a–6. Breast and gynecological cancers

(a) Expansion and coordination of activities

The Director of the Institute, in consultation with the National Cancer Advisory Board, shall expand, intensify, and coordinate the activities of the Institute with respect to research on breast cancer, ovarian cancer, and other cancers of the reproductive system of women.

(b) Coordination with other institutes

The Director of the Institute shall coordinate the activities of the Director under subsection (a) of this section with similar activities conducted by other national research institutes and agencies of the National Institutes of Health to the extent that such Institutes and agencies have responsibilities that are related to breast cancer and other cancers of the reproductive system of women.

(c) Programs for breast cancer

(1) In general

In carrying out subsection (a) of this section, the Director of the Institute shall conduct or support research to expand the understanding of the cause of, and to find a cure for, breast cancer. Activities under such subsection shall provide for an expansion and intensification of the conduct and support of—

(A) basic research concerning the etiology and causes of breast cancer;

(B) clinical research and related activities concerning the causes, prevention, detection and treatment of breast cancer;

(C) control programs with respect to breast cancer in accordance with section 285a–1 of this title, including community-based programs designed to assist women who are members of medically underserved populations, low-income populations, or minority groups;

(D) information and education programs with respect to breast cancer in accordance with section 285a–2 of this title; and

(E) research and demonstration centers with respect to breast cancer in accordance with section 285a–3 of this title, including the development and operation of centers for breast cancer research to bring together basic and clinical, biomedical and behavioral scientists to conduct basic, clinical, epidemiological, psychosocial, prevention and treatment research and related activities on breast cancer.

Not less than six centers shall be operated under subparagraph (E). Activities of such centers should include supporting new and innovative research and training programs for new researchers. Such centers shall give priority to expediting the transfer of research advances to clinical applications.

(2) Implementation of plan for programs

(A) The Director of the Institute shall ensure that the research programs described in paragraph (1) are implemented in accordance with a plan for the programs. Such plan shall include comments and recommendations that the Director of the Institute considers appropriate, with due consideration provided to the professional judgment needs of the Institute as expressed in the annual budget estimate prepared in accordance with section 285a–2(b)(9) of this title. The Director of the Institute, in consultation with the National Cancer Advisory Board, shall periodically review and revise such plan.

(B) Not later than October 1, 1993, the Director of the Institute shall submit a copy of the plan to the President's Cancer Panel, the Secretary and the Director of NIH.

(C) The Director of the Institute shall submit any revisions of the plan to the President's Cancer Panel, the Secretary, and the Director of NIH.

(D) The Secretary shall provide a copy of the plan submitted under subparagraph (A), and any revisions submitted under subparagraph (C), to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate.

(d) Other cancers

In carrying out subsection (a) of this section, the Director of the Institute shall conduct or support research on ovarian cancer and other cancers of the reproductive system of women. Activities under such subsection shall provide for the conduct and support of—

(1) basic research concerning the etiology and causes of ovarian cancer and other cancers of the reproductive system of women;

(2) clinical research and related activities into the causes, prevention, detection and treatment of ovarian cancer and other cancers of the reproductive system of women;

(3) control programs with respect to ovarian cancer and other cancers of the reproductive system of women in accordance with section 285a–1 of this title;

(4) information and education programs with respect to ovarian cancer and other cancers of the reproductive system of women in accordance with section 285a–2 of this title; and

(5) research and demonstration centers with respect to ovarian cancer and cancers of the reproductive system in accordance with section 285a–3 of this title.

(e) Report

The Director of the Institute shall prepare, for inclusion in the biennial report submitted under section 284b of this title, a report that describes the activities of the National Cancer Institute under the research programs referred to in subsection (a) of this section, that shall include—

(1) a description of the research plan with respect to breast cancer prepared under subsection (c) of this section;

(2) an assessment of the development, revision, and implementation of such plan;

(3) a description and evaluation of the progress made, during the period for which such report is prepared, in the research programs on breast cancer and cancers of the reproductive system of women;

(4) a summary and analysis of expenditures made, during the period for which such report is made, for activities with respect to breast cancer and cancers of the reproductive system of women conducted and supported by the National Institutes of Health; and

(5) such comments and recommendations as the Director considers appropriate.

(July 1, 1944, c. 373, Title IV, § 417, as added Pub.L. 103–43, Title IV, § 401, June 10, 1993, 107 Stat. 153.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

References in Text

Section 285a–2(b)(6) of this title, referred to in subsec. (c)(2)(A), was in the original "section 413(9)", meaning section 431 of Act July 1, 1944, c. 373, as added, codified as section 285a–2 of this title, and was translated as a reference to subsec. (b)(9) of section 285a–2, which relates to budget estimates, as the probable intent of Congress.

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

Change of Name

Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285a–7. Prostate cancer

(a) Expansion and coordination of activities

The Director of the Institute, in consultation with the National Cancer Advisory Board, shall expand, intensify, and coordinate the activities of the Institute with respect to research on prostate cancer.

(b) Coordination with other institutes

The Director of the Institute shall coordinate the activities of the Director under subsection (a) of this section with similar activities conducted by other national research institutes and agencies of the National Institutes of Health to the extent that such Institutes and agencies have responsibilities that are related to prostate cancer.

(c) Programs

(1) In general

In carrying out subsection (a) of this section, the Director of the Institute shall conduct or support research to expand the understanding of the cause of, and to find a cure for, prostate cancer. Activities under such subsection shall provide for an expansion and intensification of the conduct and support of—

(A) basic research concerning the etiology and causes of prostate cancer;

(B) clinical research and related activities concerning the causes, prevention, detection and treatment of prostate cancer;

(C) prevention and control and early detection programs with respect to prostate cancer in accordance with section 285a–1 of this title, particularly as it relates to intensifying research on the role of prostate specific antigen for the screening and early detection of prostate cancer;

(D) an Inter-Institute Task Force, under the direction of the Director of the Institute, to provide coordination between relevant National Institutes of Health components of research efforts on prostate cancer;

(E) control programs with respect to prostate cancer in accordance with section 285a–1 of this title;

(F) information and education programs with respect to prostate cancer in accordance with section 285a–2 of this title; and

(G) research and demonstration centers with respect to prostate cancer in accordance with section 285a–3 of this title, including the development and

operation of centers for prostate cancer research to bring together basic and clinical, biomedical and behavioral scientists to conduct basic, clinical, epidemiological, psychosocial, prevention and control, treatment, research, and related activities on prostate cancer.

Not less than six centers shall be operated under subparagraph (G). Activities of such centers should include supporting new and innovative research and training programs for new researchers. Such centers shall give priority to expediting the transfer of research advances to clinical applications.

(2) Implementation of plan for programs

(A) The Director of the Institute shall ensure that the research programs described in paragraph (1) are implemented in accordance with a plan for the programs. Such plan shall include comments and recommendations that the Director of the Institute considers appropriate, with due consideration provided to the professional judgment needs of the Institute as expressed in the annual budget estimate prepared in accordance with section 285a–2(b)(9) of this title. The Director of the Institute, in consultation with the National Cancer Advisory Board, shall periodically review and revise such plan.

(B) Not later than October 1, 1993, the Director of the Institute shall submit a copy of the plan to the President's Cancer Panel, the Secretary, and the Director of NIH.

(C) The Director of the Institute shall submit any revisions of the plan to the President's Cancer Panel, the Secretary, and the Director of NIH.

(D) The Secretary shall provide a copy of the plan submitted under subparagraph (A), and any revisions submitted under subparagraph (C), to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate.

(July 1, 1944, c. 373, Title IV, § 417A, as added June 10, 1993, Pub.L. 103–43, Title IV, § 402, 107 Stat. 155.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

References in Text

Section 285a–2(b)(6) of this title, referred to in subsec. (c)(2)(A), was in the original "section 413(9)", meaning section 431 of Act July 1, 1944, c. 373, as added, codified as section 285a–2 of this title, and was translated as a reference to subsec. (b)(9) of section 285a–2, which relates to budget estimates, as the probable intent of Congress.

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

Change of Name

Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285a–8. Authorization of appropriations

(a) Activities generally

For the purpose of carrying out this subpart, there are authorized to be appropriated $2,728,000,000 for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 and 1996.

(b) Breast cancer and gynecological cancers

(1) Breast cancer

(A) For the purpose of carrying out subparagraph (A) of section 285a–6(c)(1) of this title, there are authorized to be appropriated $225,000,000 for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 through 2003. Such authorizations of appropriations are in addition to the authorizations of appropriations established in subsection (a) of this section with respect to such purpose.

(B) For the purpose of carrying out subparagraphs (B) through (E) of section 285a–6(c)(1) of this title, there are authorized to be appropriated $100,000,000 for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 through 2003. Such authorizations of appropriations are in addition to the authorizations of appropriations established in subsection (a) of this section with respect to such purpose.

(2) Other cancers

For the purpose of carrying out subsection (d) of section 285a–6 of this title, there are authorized to be appropriated $75,000,000 for fiscal year 1994, and such sums as are necessary for each of the fiscal years 1995 through 2003. Such authorizations of appropriations are in addition to the authorizations of appropriations established in subsection (a) of this section with respect to such purpose.

(c) Prostate cancer

For the purpose of carrying out section 285a–7 of this title, there are authorized to be appropriated $72,000,000 for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 through 2004. Such authorizations of appropriations are in addition to the authorizations of appropriations established in subsection (a) of this section with respect to such purpose.

(d) Allocation regarding cancer control

(1) In general

Of the amounts appropriated for the National Cancer Institute for a fiscal year, the Director of the Institute shall make available not less than the applicable percentage specified in paragraph (2) for carrying out the cancer control activities authorized in section 285a–1 of this title and for which budget estimates are made under section 285a–2(b)(9) of this title for the fiscal year.

(2) Applicable percentage

The percentage referred to in paragraph (1) is—

(A) 7 percent, in the case of fiscal year 1994;

(B) 9 percent, in the case of fiscal year 1995; and

(C) 10 percent, in the case of fiscal year 1996 and each subsequent fiscal year.

(July 1, 1944, c. 373, Title IV, § 417B, as added June 10, 1993, Pub.L. 103–43, Title IV, § 403(a), 107 Stat. 157, and amended Oct. 31, 1998, Pub.L. 105–340, Title I, § 103, 112 Stat. 3192; Nov. 13, 2000, Pub.L. 106–505, Title VI, § 602(b), 114 Stat. 2346.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

1998 Acts. Statement by President, see 1998 U.S. Code Cong. and Adm. News, p. 772.

2000 Acts. House Report No. 106–634, see 2000 U.S. Code Cong. and Adm. News, p. 2168.

Amendments

2000 Amendments. Subsec. (c). Pub.L. 106–505, § 602(b), substituted "through 2004" for "and 1996".

1998 Amendments. Subsec. (b)(1)(A). Pub.L. 105–340, § 103(a)(1), struck "and 1996" and inserted "through 2003".

Subsec. (b)(1)(B). Pub.L. 105–340, § 103(a)(2), struck "and 1996" and inserted "through 2003".

Subsec. (b)(2). Pub.L. 105–340, § 103(b), struck "and 1996" and inserted "through 2003".

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285a–9. Grants for education, prevention, and early detection of radiogenic cancers and diseases

(a) Definition

In this section the term "entity" means any—

(1) National Cancer Institute-designated cancer center;

(2) Department of Veterans Affairs hospital or medical center;

(3) Federally Qualified Health Center, community health center, or hospital;

(4) agency of any State or local government, including any State department of health; or

(5) nonprofit organization.

(b) In general

The Secretary, acting through the Administrator of the Health Resources and Services Administration in consultation with the Director of the National Institutes of Health and the Director of the Indian Health Service, may make competitive grants to any entity for the purpose of carrying out programs to—

(1) screen individuals described under section 4(a)(1)(A)(i) or 5(a)(1)(A) of the Radiation Exposure Compensation Act (42 U.S.C. 2210 note) for cancer as a preventative health measure;

(2) provide appropriate referrals for medical treatment of individuals screened under paragraph (1) and to ensure, to the extent practicable, the provision of appropriate follow-up services;

(3) develop and disseminate public information and education programs for the detection, prevention, and treatment of radiogenic cancers and diseases; and

(4) facilitate putative applicants in the documentation of claims as described in section 5(a) of the Radiation Exposure Compensation Act (42 U.S .C. 2210 note).

(c) Indian health service

The programs under subsection (a) shall include programs provided through the Indian Health Service or through tribal contracts, compacts, grants, or cooperative agreements with the Indian Health Service and which are determined appropriate to raising the health status of Indians.

(d) Grant and contract authority

Entities receiving a grant under subsection (b) may expend the grant to carry out the purpose described in such subsection.

(e) Health coverage unaffected

Nothing in this section shall be construed to affect any coverage obligation of a governmental or private health plan or program relating to an individual referred to under subsection (b)(1).

(f) Report to Congress

Beginning on October 1 of the year following the date on which amounts are first appropriated to carry out this section and annually on each October 1 thereafter, the Secretary shall submit a report to the Committee on the Judiciary and the Committee on Health, Education, Labor, and Pensions of the Senate and to the Committee on the Judiciary and the Committee on Commerce of the House of Representatives. Each report shall summarize the expenditures and programs funded under this section as the Secretary determines to be appropriate.

(g) Authorization of appropriations

There are authorized to be appropriated for the purpose of carrying out this section $20,000,000 for fiscal year 1999 and such sums as may be necessary for each of the fiscal years 2000 through 2009.

(July 1, 1944, ch. 373, Title IV, § 417C, as added July 10, 2000, Pub.L. 106–245, § 4, 114 Stat. 508.)

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

Subpart 2—National Heart, Lung, and Blood Institute

§ 285b–1. Heart, blood vessel, lung, and blood disease prevention and control programs

(a) The Director of the Institute shall conduct and support programs for the prevention and control of heart, blood vessel, lung, and blood diseases. Such programs shall include community-based and population-based programs carried out in cooperation with other Federal agencies, with public health agencies of State or local governments, with nonprofit private entities that are community-based health agencies, or with other appropriate public or nonprofit private entities.

(b) In carrying out programs under subsection (a) of this section, the Director of the Institute shall give special consideration to the prevention and control of heart, blood vessel, lung, and blood diseases in children, and in populations that are at increased risk with respect to such diseases.

(July 1, 1944, c. 373, Title IV, § 419, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 836, and amended June 10, 1993, Pub.L. 103–43, Title V, § 505, 107 Stat. 160.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1993 Amendments. Pub.L. 103–43, § 505, amended section generally substituting provision requiring the Director to conduct and support programs, including community–based and population–based programs, and to give special consideration to populations that are increased risk for provision directing the Director, under policies established by the Director of NIH and after consultation with the advisory council for the Institute, to establish programs as necessary for cooperation with other Federal health agencies, State health agencies, etc., in diagnosis, prevention, and treatment.

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

§ 285b–3. National Heart, Blood Vessel, Lung, and Blood Diseases and Blood Resources Program; administrative provisions

(a)(1) The National Heart, Blood Vessel, Lung, and Blood Diseases and Blood Resources Program (hereafter in this subpart referred to as the "Program") may provide for—

(A) investigation into the epidemiology, etiology, and prevention of all forms and aspects of heart, blood vessel, lung, and blood diseases, including investigations into the social, environmental, behavioral, nutritional, biological, and genetic determinants and influences involved in the epidemiology, etiology, and prevention of such diseases;

(B) studies and research into the basic biological processes and mechanisms involved in the underlying normal and abnormal heart, blood vessel, lung, and blood phenomena;

(C) research into the development, trial, and evaluation of techniques, drugs, and devices (including computers) used in, and approaches to, the diagnosis, treatment (including the provision of emergency medical services), and prevention of heart, blood vessel, lung, and blood diseases and the rehabilitation of patients suffering from such diseases;

(D) establishment of programs that will focus and apply scientific and technological efforts involving the biological, physical, and engineering sciences to all facets of heart, blood vessel, lung, and blood diseases with emphasis on the refinement, development, and evaluation of technological devices that will assist, replace, or monitor vital organs and improve instrumentation for detection, diagnosis, and treatment of and rehabilitation from such diseases;

(E) establishment of programs for the conduct and direction of field studies, large-scale testing and evaluation, and demonstration of preventive, diagnostic, therapeutic, and rehabilitative approaches to, and emergency medical services for, such diseases;

(F) studies and research into blood diseases and blood, and into the use of blood for clinical purposes and all aspects of the management of blood resources in the United States, including the collection, preservation, fractionation, and distribution of blood and blood products;

(G) the education (including continuing education) and training of scientists, clinical investigators, and educators, in fields and specialties (including computer sciences) requisite to the conduct of clinical programs respecting heart, blood vessel, lung, and blood diseases and blood resources;

(H) public and professional education relating to all aspects of such diseases, including the prevention of such diseases, and the use of blood and blood products and the management of blood resources;

(I) establishment of programs for study and research into heart, blood vessel, lung, and blood diseases of children (including cystic fibrosis, hyaline membrane, hemolytic diseases such as sickle cell anemia and Cooley's anemia, and hemophilic diseases) and for the development and demonstration of diagnostic, treatment, and preventive approaches to such diseases; and

(J) establishment of programs for study, research, development, demonstrations and evaluation of emergency medical services for people who become critically ill in connection with heart, blood vessel, lung, or blood diseases.

(2) The Program shall be coordinated with other national research institutes to the extent that they have responsibilities respecting such diseases and shall give special emphasis to the continued development in the Institute of programs related to the causes of stroke and to effective coordination of such programs with related stroke programs in the National Institute of Neurological and Communicative Disorders and Stroke. The Director of the Institute, with the advice of the advisory council for the Institute, shall revise annually the plan for the Program and shall carry out the Program in accordance with such plan.

(b) In carrying out the Program, the Director of the Institute, under policies established by the Director of NIH—

(1) may, after consultation with the advisory council for the Institute, obtain (in accordance with section 3109 of Title 5, but without regard to the limitation in such section on the period of such service) the services of not more than one hundred experts or consultants who have scientific or professional qualifications;

(2)(A) may, in consultation with the advisory council for the Institute, acquire and construct, improve, repair, operate, alter, renovate, and maintain, heart, blood vessel, lung, and blood disease and blood resource laboratories, research, training, and other facilities, equipment, and such other real or personal property as the Director determines necessary;

(B) may, in consultation with the advisory council for the Institute, make grants for construction or renovation of facilities; and

(C) may, in consultation with the advisory council for the Institute, acquire, without regard to section 34 of Title 40, by lease or otherwise, through the Administrator of General Services, buildings or parts of buildings in the District of Columbia or communities located adjacent to the District of Columbia for the use of the Institute for a period not to exceed ten years;

(3) subject to section 284(b)(2) of this title and without regard to section 3324 of Title 31, and section 5 of Title 41, may enter into such contracts, leases, cooperative agreements, or other transactions, as may be necessary in the conduct of the Director's functions, with any public agency, or with any person, firm, association, corporation, or educational institutions;

(4) may make grants to public and nonprofit private entities to assist in meeting the cost of the care of patients in hospitals, clinics, and related facilities who are participating in research projects; and

(5) shall, in consultation with the advisory council for the Institute, conduct appropriate intramural training and education programs, including continuing education and laboratory and clinical research training programs.

Except as otherwise provided, experts and consultants whose services are obtained under paragraph (1) shall be paid or reimbursed, in accordance with Title 5, for their travel to and from their place of service and for other expenses associated with their assignment. Such expenses shall not be allowed in connection with the assignment of an expert or consultant whose services are obtained under paragraph (1) unless the expert or consultant has agreed in writing to complete the entire period of the assignment or one year of the assignment, whichever is shorter, unless separated or reassigned for reasons which are beyond the control of the expert or consultant and which are acceptable to the Director of the Institute. If the expert or consultant violates the agreement, the money spent by the United States for such expenses is recoverable from the expert or consultant as a debt due the United States. The Secretary may waive in whole or in part a right of recovery under the preceding sentence.

(July 1, 1944, c. 373, Title IV, § 421, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 837, and amended Nov. 4, 1988, Pub.L. 100–607, Title I, § 127, 102 Stat. 3055; June 10, 1993, Pub.L. 103–43, Title V, § 501, Title XX, § 2008(b)(3), 107 Stat. 158, 211.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1993 Amendments. Subsec. (b)(1). Pub.L. 103–43, § 2008(b)(3), substituted "may, after consultation" for "may after consultation".

Subsec. (b)(5). Pub.L. 103–43, § 501, added par. (5).

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

§ 285b–4. National research and demonstration centers

(a) Heart, blood vessel, lung, blood diseases, and blood resources; utilization of centers for prevention programs

(1) The Director of the Institute may provide, in accordance with subsection (c) of this section, for the development of—

(A) ten centers for basic and clinical research into, training in, and demonstration of, advanced diagnostic, prevention, and treatment and rehabilitation methods (including methods of providing emergency medical services) for heart and blood vessel diseases;

(B) ten centers for basic and clinical research into, training in, and demonstration of, advanced diagnostic, prevention, and treatment and rehabilitation methods (including methods of providing emergency medical services) for lung diseases (including bronchitis, emphysema, asthma, cystic fibrosis, and other lung diseases of children);

(C) ten centers for basic and clinical research into, training in, and demonstration of, advanced diagnostic, prevention, and treatment methods (including methods of providing emergency medical services) for blood diseases and research into blood, in the use of blood products and in the management of blood resources; and

(D) three centers for basic and clinical research into, training in, and demonstration of, advanced diagnostic, prevention, and treatment (including genetic studies, intrauterine environment studies, postnatal studies, heart arrhythmias, and acquired heart disease and preventive cardiology) for cardiovascular diseases in children.

(2) The centers developed under paragraph (1) shall, in addition to being utilized for research, training, and demonstrations, be utilized for the following prevention programs for cardiovascular, pulmonary, and blood diseases:

(A) Programs to develop improved methods of detecting individuals with a high risk of developing cardiovascular, pulmonary, and blood diseases.

(B) Programs to develop improved methods of intervention against those factors which cause individuals to have a high risk of developing such diseases.

(C) Programs to develop health professions and allied health professions personnel highly skilled in the prevention of such diseases.

(D) Programs to develop improved methods of providing emergency medical services for persons with such diseases.

(E) Programs of continuing education for health and allied health professionals in the diagnosis, prevention, and treatment of such diseases and the maintenance of health to reduce the incidence of such diseases and information programs for the public respecting the prevention and early diagnosis and treatment of such diseases and the maintenance of health.

(3) The research, training, and demonstration activities carried out through any such center may relate to any one or more of the diseases referred to in paragraph (1) of this subsection.

(b) Sickle cell anemia

The Director of the Institute shall provide, in accordance with subsection (c) of this section, for the development of ten centers for basic and clinical research into the diagnosis, treatment, and control of sickle cell anemia.

(c) Cooperative agreements and grants for establishing and supporting; uses for Federal payments; period of support, additional periods

(1) The Director of the Institute may enter into cooperative agreements with and make grants to public or private nonprofit entities to pay all or part of the cost of planning, establishing, or strengthening, and providing basic operating support for centers for basic and clinical research into, training in, and demonstration of the management of blood resources and advanced diagnostic, prevention, and treatment methods for heart, blood vessel, lung, or blood diseases.

(2) A cooperative agreement or grant under paragraph (1) shall be entered into in accordance with policies established by the Director of NIH and after consultation with the Institute's advisory council.

(3) Federal payments made under a cooperative agreement or grant under paragraph (1) may be used for—

(A) construction (notwithstanding any limitation under section 289e of this title);

(B) staffing and other basic operating costs, including such patient care costs as are required for research;

(C) training, including training for allied health professionals; and

(D) demonstration purposes.

As used in this subsection, the term "construction" does not include the acquisition of land, and the term "training" does not include research training for which National Research Service Awards may be provided under section 288 of this title.

(4) Support of a center under paragraph (1) may be for a period of not to exceed five years. Such period may be extended by the Director for additional periods of not more than five years each if the operations of such center have been reviewed by an appropriate technical and scientific peer review group established by the Director and if such group has recommended to the Director that such period should be extended.

(July 1, 1944, c. 373, Title IV, § 422, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 839, and amended Nov. 4, 1988, Pub.L. 100–607, Title I, § 128, 102 Stat. 3055; June 10, 1993, Pub.L. 103–43, Title V, § 502, 107 Stat. 158.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1993 Amendments. Subsec. (a)(1)(D). Pub.L. 103–43, § 502, added subpar. (D).

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

§ 285b–7. National Center on Sleep Disorders Research

(a) Establishment

Not later than 1 year after June 10, 1993, the Director of the Institute shall establish the National Center on Sleep Disorders Research (in this section referred to as the "Center"). The Center shall be headed by a director, who shall be appointed by the Director of the Institute.

(b) Purpose

The general purpose of the Center is—

(1) the conduct and support of research, training, health information dissemination, and other activities with respect to sleep disorders, including biological and circadian rhythm research, basic understanding of sleep, chronobiological and other sleep related research; and

(2) to coordinate the activities of the Center with similar activities of other Federal agencies, including the other agencies of the National Institutes of Health, and similar activities of other public entities and nonprofit entities.

(c) Sleep Disorders Research Advisory Board

(1) The Director of the National Institutes of Health shall establish a board to be known as the Sleep Disorders Research Advisory Board (in this section referred to as the "Advisory Board").

(2) The Advisory Board shall advise, assist, consult with, and make recommendations to the Director of the National Institutes of Health, through the Director of the Institute, and the Director of the Center concerning matters relating to the scientific activities carried out by and through the Center and the policies respecting such activities, including recommendations with respect to the plan required in subsection (c) of this section.

(3)(A) The Director of the National Institutes of Health shall appoint to the Advisory Board 12 appropriately qualified representatives of the public who are not officers or employees of the Federal Government. Of such members, eight shall be representatives of health and scientific disciplines with respect to sleep disorders and four shall be individuals representing the interests of individuals with or undergoing treatment for sleep disorders.

(B) The following officials shall serve as ex officio members of the Advisory Board:

(i) The Director of the National Institutes of Health.

(ii) The Director of the Center.

(iii) The Director of the National Heart, Lung and Blood Institute.

(iv) The Director of the National Institute of Mental Health.

(v) The Director of the National Institute on Aging.

(vi) The Director of the National Institute of Child Health and Human Development.

(vii) The Director of the National Institute of Neurological Disorders and Stroke.

(viii) The Assistant Secretary for Health.

(ix) The Assistant Secretary of Defense (Health Affairs).

(x) The Chief Medical Director of the Veterans' Administration.

(4) The members of the Advisory Board shall, from among the members of the Advisory Board, designate an individual to serve as the chair of the Advisory Board.

(5) Except as inconsistent with, or inapplicable to, this section, the provisions of section 284a of this title shall apply to the advisory board established under this section in the same manner as such provisions apply to any advisory council established under such section.

(d) Development of comprehensive research plan; revision

(1) After consultation with the Director of the Center and the advisory board established under subsection (c) of this section, the Director of the National Institutes of

Health shall develop a comprehensive plan for the conduct and support of sleep disorders research.

(2) The plan developed under paragraph (1) shall identify priorities with respect to such research and shall provide for the coordination of such research conducted or supported by the agencies of the National Institutes of Health.

(3) The Director of the National Institutes of Health (after consultation with the Director of the Center and the advisory board established under subsection (c) of this section) shall revise the plan developed under paragraph (1) as appropriate.

(e) Collection and dissemination of information

The Director of the Center, in cooperation with the Centers for Disease Control and Prevention, is authorized to coordinate activities with the Department of Transportation, the Department of Defense, the Department of Education, the Department of Labor, and the Department of Commerce to collect data, conduct studies, and disseminate public information concerning the impact of sleep disorders and sleep deprivation.

(July 1, 1944, c. 373, Title IV, § 424, as added June 10, 1993, Pub.L. 103–43, Title V, § 503, 107 Stat. 159.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

Change of Name

Reference to "Chief Medical Director of the Veterans' Administration" deemed to refer to the "Chief Medical Director of the Department of Veterans Affairs" pursuant to section 10 of Pub.L. 100–527, set out as a Department of Veterans Affairs Act note under section 301 of Title 38, Veterans' Benefits.

Reference to the "Chief Medical Director of the Department of Veterans Affairs" deemed to refer to the "Under Secretary for Health of the Department of Veterans Affairs" pursuant to section 302(e) of Pub.L. 102–405, set out as a Change of Name note under section 305 of Title 38, Veterans' Benefits.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285b–7a. Research on heart attack, stroke, and other cardiovascular diseases in women

(a) In general

The Director of the Institute shall expand, intensify, and coordinate research and related activities of the Institute with respect to heart attack, stroke, and other cardiovascular diseases in women.

(b) Coordination with other institutes

The Director of the Institute shall coordinate activities under subsection (a) with similar activities conducted by the other national research institutes and agencies of the National Institutes of Health to the extent that such Institutes and agencies have responsibilities that are related to heart attack, stroke, and other cardiovascular diseases in women.

(c) Certain programs

In carrying out subsection (a), the Director of the Institute shall conduct or support research to expand the understanding of the causes of, and to develop methods for preventing, cardiovascular diseases in women. Activities under such subsection shall include conducting and supporting the following:

(1) Research to determine the reasons underlying the prevalence of heart attack, stroke, and other cardiovascular diseases in women, including African–American women and other women who are members of racial or ethnic minority groups.

(2) Basic research concerning the etiology and causes of cardiovascular diseases in women.

(3) Epidemiological studies to address the frequency and natural history of such diseases and the differences among men and women, and among racial and ethnic groups, with respect to such diseases.

(4) The development of safe, efficient, and cost-effective diagnostic approaches to evaluating women with suspected ischemic heart disease.

(5) Clinical research for the development and evaluation of new treatments for women, including rehabilitation.

(6) Studies to gain a better understanding of methods of preventing cardiovascular diseases in women, including applications of effective methods for the control of blood pressure, lipids, and obesity.

(7) Information and education programs for patients and health care providers on risk factors associated with heart attack, stroke, and other cardiovascular diseases in women, and on the importance of the prevention or control of such risk factors and timely referral with appropriate diagnosis and treatment. Such programs shall include information and education on health-related behaviors that can improve such important risk factors as smoking, obesity, high blood cholesterol, and lack of exercise.

(d) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1999 through 2003. The authorization of appropriations established in the preceding sentence is in addition to any other authorization of appropriation that is available for such purpose.

(July 1, 1944, c. 373, Title IV, § 424A, as added Oct. 31, 1998, Pub.L. 105–340, § 104, 112 Stat. 3192.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1998 **Acts**. Statement by President; see 1998 U.S. Code Cong. and Adm. News, p. 772.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285b–7b. Coordination of Federal asthma activities

(a) In general

The Director of Institute shall, through the National Asthma Education Prevention Program Coordinating Committee—

(1) identify all Federal programs that carry out asthma-related activities;

(2) develop, in consultation with appropriate Federal agencies and professional and voluntary health organizations, a Federal plan for responding to asthma; and

(3) not later than 12 months after October 17, 2000, submit recommendations to the appropriate committees of the Congress on ways to strengthen and improve the coordination of asthma-related activities of the Federal Government.

(b) Representation of the Department of Housing and Urban Development

A representative of the Department of Housing and Urban Development shall be included on the National Asthma Education Prevention Program Coordinating Committee for the purpose of performing the tasks described in subsection (a).

(c) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.

(July 1, 1944, c. 373, Title IV, § 424B, as added Oct. 17, 2000, Pub.L. 106–310, Div. A, Title V, § 521, 114 Stat. 1116.)

HISTORICAL AND STATUTORY NOTES

Effective and Applicability Provisions

Section effective Oct. 17, 2000, see section 2901 of Pub.L. 106–310, Div. A, Title XXIX, set out as a note under section 201 of this title.

LIBRARY REFERENCES

American Digest System

Health and Environment ⚷1, 7(3).
Key Number System Topic No. 199.
United States ⚷33, 41, 85.
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Health and Environment, see C.J.S. §§ 4, 9, 13.
United States, see C.J.S. §§ 33, 41, 123.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285b–8. Authorization of appropriations

For the purpose of carrying out this subpart, there are authorized to be appropriated $1,500,000,000 for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 and 1996.

(July 1, 1944, c. 373, Title IV, § 425, as added June 10, 1993, Pub.L. 103–43, Title V, § 504, 107 Stat. 160.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

Subpart 3—National Institute of Diabetes and Digestive Kidney Diseases

§ 285c. Purpose of Institute

HISTORICAL AND STATUTORY NOTES

Study on Metabolic Disorders

Pub.L. 106–310, Div. A, Title XXVIII, § 2802, Oct. 17, 2000, 114 Stat. 1167, provided that:

"**(a) In general.**—The Secretary of Health and Human Services (in this section referred to as the 'Secretary') shall, in consultation with relevant experts or through the Institute of Medicine, study issues related to treatment of PKU and other metabolic disorders for children, adolescents, and adults, and mechanisms to assure access to effective treatment, including special diets, for children and others with PKU and other metabolic disorders. Such mechanisms shall be evidence-based and reflect the best scientific knowledge regarding effective treatment and prevention of disease progression.

"**(b) Dissemination of results.**—Upon completion of the study referred to in subsection (a), the Secretary shall disseminate and otherwise make available the results of the study to interested groups and organizations, including insurance commissioners, employers, private insurers, health care professionals, State and local public health agencies, and State agencies that carry out the Medicaid program under title XIX of the Social Security Act [42 U.S.C.A. § 1396 et seq.] or the State children's health insurance program under title XXI of such Act [42 U.S.C.A. § 1397aa et seq.].

"**(c) Authorization of appropriations.**—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of the fiscal years 2001 through 2003."

[Enactment of this note by Pub.L. 106–310, Div. A, effective Oct. 17, 2000, see section 2901 of Pub.L. 106–310, Div. A, Title XXIX, set out as a note under section 201 of this title.]

§ 285c–2. Division Directors for Diabetes, Endocrinology, and Metabolic Diseases, Digestive Diseases and Nutrition, and Kidney, Urologic, and Hematologic Diseases; functions

(a)(1) In the Institute there shall be a Division Director for Diabetes, Endocrinology, and Metabolic Diseases, a Division Director for Digestive Diseases and Nutrition, and a

Division Director for Kidney, Urologic, and Hematologic Diseases. Such Division Directors, under the supervision of the Director of the Institute, shall be responsible for—

(A) developing a coordinated plan (including recommendations for expenditures) for each of the national research institutes within the National Institutes of Health with respect to research and training concerning diabetes, endocrine and metabolic diseases, digestive diseases and nutrition, and kidney, urologic, and hematologic diseases;

(B) assessing the adequacy of management approaches for the activities within such institutes concerning such diseases and nutrition and developing improved approaches if needed;

(C) monitoring and reviewing expenditures by such institutes concerning such diseases and nutrition; and

(D) identifying research opportunities concerning such diseases and nutrition and recommending ways to utilize such opportunities.

(2) The Director of the Institute shall transmit to the Director of NIH the plans, recommendations, and reviews of the Division Directors under subparagraphs (A) through (D) of paragraph (1) together with such comments and recommendations as the Director of the Institute determines appropriate.

(b) The Director of the Institute, acting through the Division Director for Diabetes, Endocrinology, and Metabolic Diseases, the Division Director for Digestive Diseases and Nutrition, and the Division Director for Kidney, Urologic, and Hematologic Diseases, shall—

(1) carry out programs of support for research and training (other than training for which National Research Service Awards may be made under section 288 of this title) in the diagnosis, prevention, and treatment of diabetes mellitus and endocrine and metabolic diseases, digestive diseases and nutritional disorders, and kidney, urologic, and hematologic diseases, including support for training in medical schools, graduate clinical training, graduate training in epidemiology, epidemiology studies, clinical trials, and interdisciplinary research programs; and

(2) establish programs of evaluation, planning, and dissemination of knowledge related to such research and training.

(July 1, 1944, c. 373, Title IV, § 428, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 842, and amended June 10, 1993, Pub.L. 103–43, Title XX, § 2008(b)(4), 107 Stat. 211.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1993 Amendments. Subsec. (b). Pub.L. 103–43, § 2008(b)(4), substituted "the Division Director for Diabetes" for "the the Division Director for Diabetes".

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

§ 285c–3. Interagency coordinating committees

(a) Establishment and purpose

For the purpose of—

(1) better coordination of the research activities of all the national research institutes relating to diabetes mellitus, digestive diseases, and kidney, urologic, and hematologic diseases; and

(2) coordinating those aspects of all Federal health programs and activities relating to such diseases to assure the adequacy and technical soundness of such programs and activities and to provide for the full communication and exchange of information necessary to maintain adequate coordination of such programs and activities;

the Secretary shall establish a Diabetes Mellitus Interagency Coordinating Committee, a Digestive Diseases Interagency Coordinating Committee, and a Kidney, Urologic, and Hematologic Diseases Coordinating Committee (hereafter in this section individually referred to as a "Committee").

(b) Membership; chairman; meetings

Each Committee shall be composed of the Directors of each of the national research institutes and divisions involved in research with respect to the diseases for which the Committee is established, the Division Director of the Institute for the diseases for which the Committee is established, the Under Secretary for Health of the Department of Veterans Affairs, and the Assistant Secretary of Defense for Health Affairs (or the designees of such officers) and shall include representation from all other Federal departments and agencies whose programs involve health functions or responsibilities relevant to such diseases, as determined by the Secretary. Each Committee shall be chaired by the Director of NIH (or the designee of the Director). Each Committee shall meet at the call of the chairman, but not less often than four times a year.

(c) Annual report

Each Committee shall prepare an annual report for—

(1) the Secretary;

(2) the Director of NIH; and

(3) the Advisory Board established under section 285c–4 of this title for the diseases for which the Committee was established,

detailing the work of the Committee in carrying out paragraphs (1) and (2) of subsection (a) of this section in the fiscal year for which the report was prepared. Such report shall be submitted not later than 120 days after the end of each fiscal year.

(July 1, 1944, c. 373, Title IV, § 429, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 843, and amended Oct. 25, 1988, Pub.L. 100–527, § 10, 102 Stat. 2640; Oct. 9, 1992, Pub.L. 102–405, Title III, § 302(e)(1), 106 Stat. 1985.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Conference Report No. 102–871, see 1992 U.S. Code Cong. and Adm. News, p. 1362.

Change of Name

Reference to "Chief Medical Director of Veterans' Administration" deemed to refer to the "Chief Medical Director of the Department of Veterans Affairs" pursuant to section 10 of Pub.L. 100–527, set out as a Department of Veterans Affairs Act note under section 301 of Title 38, Veterans' Benefits.

Reference to the "Chief Medical Director of the Department of Veterans Affairs" deemed to refer to the "Under Secretary for Health of the Department of Veterans Affairs" pursuant to section 302(e) of Pub.L. 102–405, set out as a Change of Name note under section 305 of Title 38, Veterans' Benefits.

§ 285c–4. Advisory Boards

(a) Establishment

The Secretary shall establish in the Institute the National Diabetes Advisory Board, the National Digestive Diseases Advisory Board, and the National Kidney and Urologic Diseases Advisory Board (hereafter in this section individually referred to as an "Advisory Board").

(b) Membership; ex officio members

Each Advisory Board shall be composed of eighteen appointed members and nonvoting ex officio members as follows:

(1) The Secretary shall appoint—

(A) twelve members from individuals who are scientists, physicians, and other health professionals, who are not officers or employees of the United States, and who represent the specialties and disciplines relevant to the diseases with respect to which the Advisory Board is established; and

(B) six members from the general public who are knowledgeable with respect to such diseases, including at least one member who is a person who has such a disease and one member who is a parent of a person who has such a disease.

Of the appointed members at least five shall by virtue of training or experience be knowledgeable in the fields of health education, nursing, data systems, public information, and community program development.

(2)(A) The following shall be ex officio members of each Advisory Board:

(i) The Assistant Secretary for Health, the Director of NIH, the Director of the National Institute of Diabetes and Digestive and Kidney Diseases, the Director of the Centers for Disease Control and Prevention, the Under Secretary for Health of the Department of Veterans Affairs, the Assistant Secretary of Defense for Health Affairs, and the Division Director of the National Institute of Diabetes and Digestive and Kidney Diseases for the diseases for which the Board is established (or the designees of such officers).

(ii) Such other officers and employees of the United States as the Secretary determines necessary for the Advisory Board to carry out its functions.

(B) In the case of the National Diabetes Advisory Board, the following shall also be ex officio members: The Director of the National Heart, Lung, and Blood Institute, the Director of the National Eye Institute, the Director of the National Institute of Child Health and Human Development, and the Administrator of the Health Resources and Services Administration (or the designees of such officers).

(c) Compensation

Members of an Advisory Board who are officers or employees of the Federal Government shall serve as members of the Advisory Board without compensation in addition to that received in their regular public employment. Other members of the Board shall receive compensation at rates not to exceed the daily equivalent of the annual rate in effect for grade GS–18 of the General Schedule for each day (including traveltime) they are engaged in the performance of their duties as members of the Board.

(d) Term of office; vacancy

The term of office of an appointed member of an Advisory Board is four years, except that no term of office may extend beyond the expiration of the Advisory Board. Any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of such term. A member may serve after the expiration of the member's term until a successor has taken office. If a vacancy occurs in an Advisory Board, the Secretary shall make an appointment to fill the vacancy not later than 90 days from the date the vacancy occurred.

(e) Chairman

The members of each Advisory Board shall select a chairman from among the appointed members.

(f) Executive director; professional and clerical staff; administrative support services and facilities

The Secretary shall, after consultation with and consideration of the recommendations of an Advisory Board, provide the Advisory Board with an executive director and one other professional staff member. In addition, the Secretary shall, after consultation with and consideration of the recommendations of the Advisory Board, provide the Advisory Board with such additional professional staff members, such clerical staff members, such services of consultants, such information, and (through contracts or other arrangements) such administrative support services and facilities, as the Secretary determines are necessary for the Advisory Board to carry out its functions.

(g) Meetings

Each Advisory Board shall meet at the call of the chairman or upon request of the Director of the Institute, but not less often than four times a year.

(h) Functions of National Diabetes Advisory Board and National Digestive Diseases Advisory Board

The National Diabetes Advisory Board and the National Digestive Diseases Advisory Board shall—

(1) review and evaluate the implementation of the plan (referred to in section 285c–7 of this title) respecting the diseases with respect to which the Advisory Board was established and periodically update the plan to ensure its continuing relevance;

(2) For the purpose of assuring the most effective use and organization of resources respecting such diseases, advise and make recommendations to the Congress, the Secretary, the Director of NIH, the Director of the Institute, and the heads of other appropriate Federal agencies for the implementation and revision of such plan; and

(3) maintain liaison with other advisory bodies related to Federal agencies involved in the implementation of such plan, the coordinating committee for such diseases, and with key non-Federal entities involved in activities affecting the control of such diseases.

(i) Subcommittees; establishment and membership

In carrying out its functions, each Advisory Board may establish subcommittees, convene workshops and conferences, and collect data. Such subcommittees may be composed of Advisory Board members and nonmember consultants with expertise in the particular area addressed by such subcommittees. The subcommittees may hold such meetings as are necessary to enable them to carry out their activities.

(j) Termination of predecessor boards; time within which to appoint members

The National Diabetes Advisory Board and the National Digestive Diseases Advisory Board in existence on November 20, 1985, shall terminate upon the appointment of a successor Board under subsection (a) of this section. The Secretary shall make appointments to the Advisory Boards established under subsection (a) of this section before the expiration of 90 days after November 20, 1985. The members of the Boards in existence on November 20, 1985, may be appointed, in accordance with subsections (b) and (d) of this section, to the Boards established under subsection (a) of this section for diabetes and digestive diseases, except that at least one-half of the members of the National Diabetes Advisory Board in existence on November 20, 1985, shall be appointed to the National Diabetes Advisory Board first established under subsection (a) of this section.

(k) Redesignated (j)

(July 1, 1944, c. 373, Title IV, § 430, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 844, and amended Nov. 4, 1988, Pub.L. 100–607, Title I, § 131, 102 Stat. 3056; Oct. 9, 1992, Pub.L. 102–405, Title III, § 302(e)(1), 106 Stat. 1985; Oct. 27, 1992, Pub.L. 102–531, Title III, § 312(d)(6), 106 Stat. 3504; June 10, 1993, Pub.L. 103–43, Title XX, § 2008(b)(5), 107 Stat. 211; Nov. 10, 1998, Pub.L. 105–362, Title VI, § 601(a)(1)(C), 112 Stat. 3285.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Conference Report No. 102–871, see 1992 U.S. Code Cong. and Adm. News, p. 1362.

House Report No. 102–318 and House Conference Report No. 102–1019, see 1992 U.S. Code Cong. and Adm. News, p. 3022.

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1998 Amendments. Subsecs. (j), (k). Pub.L. 105–362, § 601(a)(1)(C), redesignated former subsec. (k) as subsec. (j) and struck out former subsec. (j), which read:

"(j) Annual report

"Each Advisory Board shall prepare an annual report for the Secretary which—

"(1) describes the Advisory Board's activities in the fiscal year for which the report is made;

"(2) describes and evaluates the progress made in such fiscal year in research, treatment, education, and training with respect to the diseases with respect to which the Advisory Board was established;

"(3) summarizes and analyzes expenditures made by the Federal Government for activities respecting such diseases in such fiscal year; and

"(4) contains the Advisory Board's recommendations (if any) for changes in the plan referred to in section 285c–7 of this title."

1993 Amendments. Subsec. (b)(2)(A). Pub.L. 103–43, § 2008(b)(5), in cl. (i) substituted "Department of Veterans Affairs" for "Veterans' Administration", which for purposes of codification required no change in text due to prior change of name by section 10 of Pub.L. 100–527, set out as a note under section 301 of Title 38, Veterans' Benefits.

1992 Amendments. Subsec. (b)(2)(A)(i). Pub.L. 102–531, Title III, § 312(d)(6), substituted "Centers for Disease Control and Prevention" for "Centers for Disease Control".

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

Change of Name

Reference to the "Chief Medical Director of the Veterans' Administration" deemed to refer to the "Chief Medical Director of the Department of Veterans Affairs" pursuant to section 10 of Pub.L. 100–527, set out as a Department of Veterans Affairs Act note under section 301 of Title 38, Veterans' Benefits.

Reference to the "Chief Medical Director of the Department of Veterans Affairs" deemed to refer to the "Under Secretary for Health of the Department of Veterans Affairs" pursuant to section 302(e) of Pub.L. 102–405, set out as a Change of Name note under section 305 of Title 38, Veterans' Benefits.

§ 285c–5. Research and training centers; development or expansion

(a) Diabetes mellitus and related endocrine and metabolic diseases

(1) Consistent with applicable recommendations of the National Commission on Diabetes, the Director of the Institute shall provide for the development or substantial expansion of centers for research and training in diabetes mellitus and related endocrine and metabolic diseases. Each center developed or expanded under this subsection shall—

(A) utilize the facilities of a single institution, or be formed from a consortium of cooperating institutions, meeting such research and training qualifications as may be prescribed by the Secretary; and

(B) conduct—

(i) research in the diagnosis and treatment of diabetes mellitus and related endocrine and metabolic diseases and the complications resulting from such diseases;

(ii) training programs for physicians and allied health personnel in current methods of diagnosis and treatment of such diseases and complications, and in research in diabetes; and

(iii) information programs for physicians and allied health personnel who provide primary care for patients with such diseases or complications.

(2) A center may use funds provided under paragraph (1) to provide stipends for nurses and allied health professionals enrolled in research training programs described in paragraph (1)(B)(ii).

(b) Digestive diseases and related functional, congenital, metabolic disorders, and normal development of digestive tract

Consistent with applicable recommendations of the National Digestive Diseases Advisory Board, the Director shall provide for the development or substantial expansion of centers for research in digestive diseases and related functional, congenital, metabolic disorders, and normal development of the digestive tract. Each center developed or expanded under this subsection—

(1) shall utilize the facilities of a single institution, or be formed from a consortium of cooperating institutions, meeting such research qualifications as may be prescribed by the Secretary;

(2) shall develop and conduct basic and clinical research into the cause, diagnosis, early detection, prevention, control, and treatment of digestive diseases and nutritional disorders and related functional, congenital, or metabolic complications resulting from such diseases or disorders;

(3) shall encourage research into and programs for—

(A) providing information for patients with such diseases and the families of such patients, physicians and others who care for such patients, and the general public;

(B) model programs for cost effective and preventive patient care; and

(C) training physicians and scientists in research on such diseases, disorders, and complications; and

(4) may perform research and participate in epidemiological studies and data collection relevant to digestive diseases and disorders and disseminate such research, studies, and data to the health care profession and to the public.

(c) Kidney and urologic diseases

The Director shall provide for the development or substantial expansion of centers for research in kidney and urologic diseases. Each center developed or expanded under this subsection—

(1) shall utilize the facilities of a single institution, or be formed from a consortium of cooperating institutions, meeting such research qualifications as may be prescribed by the Secretary;

(2) shall develop and conduct basic and clinical research into the cause, diagnosis, early detection, prevention, control, and treatment of kidney and urologic diseases;

(3) shall encourage research into and programs for—

(A) providing information for patients with such diseases, disorders, and complications and the families of such patients, physicians and others who care for such patients, and the general public;

(B) model programs for cost effective and preventive patient care; and

(C) training physicians and scientists in research on such diseases; and

(4) may perform research and participate in epidemiological studies and data collection relevant to kidney and urologic diseases in order to disseminate such research, studies, and data to the health care profession and to the public.

(d) Nutritional disorders

(1) The Director of the Institute shall, subject to the extent of amounts made available in appropriations Acts, provide for the development or substantial expansion of centers for research and training regarding nutritional disorders, including obesity.

(2) The Director of the Institute shall carry out paragraph (1) in collaboration with the Director of the National Cancer Institute and with the Directors of such other agencies of the National Institutes of Health as the Director of NIH determines to be appropriate.

(3) Each center developed or expanded under paragraph (1) shall—

(A) utilize the facilities of a single institution, or be formed from a consortium of cooperating institutions, meeting such research and training qualifications as may be prescribed by the Director;

(B) conduct basic and clinical research into the cause, diagnosis, early detection, prevention, control and treatment of nutritional disorders, including obesity and the impact of nutrition and diet on child development;

(C) conduct training programs for physicians and allied health professionals in current methods of diagnosis and treatment of such diseases and complications, and in research in such disorders; and

(D) conduct information programs for physicians and allied health professionals who provide primary care for patients with such disorders or complications.

(e) Geographic distribution; period of support, additional periods

Insofar as practicable, centers developed or expanded under this section should be geographically dispersed throughout the United States and in environments with proven research capabilities. Support of a center under this section may be for a period of not to exceed five years and such period may be extended by the Director of the Institute for additional periods of not more than five years each if the operations of such center have been reviewed by an appropriate technical and scientific peer review group established by the Director and if such group has recommended to the Director that such period should be extended.

(July 1, 1944, c. 373, Title IV, § 431, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 846, and amended June 10, 1993, Pub.L. 103–43, Title VI, § 601(b), 107 Stat. 161.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1993 Amendments. Subsec. (d). Pub.L. 103–43, § 601(b), added subsec. (d) and redesignated former subsec. (d) as (e).

Subsec. (e). Pub.L. 102–43, § 601(b)(1), redesignated former subsec. (d) as (e).

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

§ 285c–8. Nutritional disorders program

(a) Establishment

The Director of the Institute, in consultation with the Director of NIH, shall establish a program of conducting and supporting research, training, health information dissemination, and other activities with respect to nutritional disorders, including obesity.

(b) Support of activities

In carrying out the program established under subsection (a) of this section, the Director of the Institute shall conduct and support each of the activities described in such subsection.

(c) Dissemination of information

In carrying out the program established under subsection (a) of this section, the Director of the Institute shall carry out activities to facilitate and enhance knowledge and understanding of nutritional disorders, including obesity, on the part of health professionals, patients, and the public through the effective dissemination of information.

(July 1, 1944, c. 373, Title IV, § 434, as added June 10, 1993, Pub.L. 103–43, Title VI, § 601(a), 107 Stat. 161.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285c–9. Juvenile diabetes

(a) Long-term epidemiology studies

The Director of the Institute shall conduct or support long-term epidemiology studies in which individuals with or at risk of type 1, or juvenile, diabetes are followed for 10 years or more. Such studies shall investigate the causes and characteristics of the disease and its complications.

(b) Clinical trial infrastructure/innovative treatments for juvenile diabetes

The Secretary, acting through the Director of the National Institutes of Health, shall support regional clinical research centers for the prevention, detection, treatment, and cure of juvenile diabetes.

(c) Prevention of type 1 diabetes

The Secretary, acting through the appropriate agencies, shall provide for a national effort to prevent type 1 diabetes. Such effort shall provide for a combination of increased efforts in research and development of prevention strategies, including consideration of vaccine development, coupled with appropriate ability to test the effectiveness of such strategies in large clinical trials of children and young adults.

(d) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.

(July 1, 1944, c. 373, Title IV, § 434A, as added Oct. 17, 2000, Pub.L. 106–310, Div. A, Title IV, § 402, 114 Stat. 1112.)

HISTORICAL AND STATUTORY NOTES

Effective and Applicability Provisions

Section effective Oct. 17, 2000, see section 2901 of Pub.L. 106–310, Div. A, Title XXIX, set out as a note under section 201 of this title.

LIBRARY REFERENCES

American Digest System

Health and Environment ⟹1, 7(3).
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United States ⟹32, 41, 85.
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Health and Environment, see C.J.S. §§ 4, 9, 13.
United States, see C.J.S. §§ 32, 41, 123.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

Subpart 4—National Institute of Arthritis and Musculoskeletal and Skin Diseases

§ 285d. Purpose of Institute

The general purpose of the National Institute of Arthritis and Musculoskeletal and Skin Diseases (hereafter in this subpart referred to as the "Institute") is the conduct and support of research and training, the dissemination of health information, and other programs with respect to arthritis and musculoskeletal and skin diseases (including sports-related disorders), with particular attention to the effect of these diseases on children.

(July 1, 1944, c. 373, Title IV, § 435, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 848, and amended June 10, 1993, Pub.L. 103–43, Title VII, § 701(a), 107 Stat. 162.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1993 Amendments. Pub.L. 103–43, § 701(a), substituted "(including sports-related disorders), with particular attention to the effect of these diseases on children" for ", including sports-related disorders".

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

§ 285d–1. National arthritis and musculoskeletal and skin diseases program

(a) Plan to expand, intensify, and coordinate activities; submission; periodic review and revision

The Director of the Institute, with the advice of the Institute's advisory council, shall prepare and transmit to the Director of NIH a plan for a national arthritis and musculoskeletal and skin diseases program to expand, intensify, and coordinate the activities of the Institute respecting arthritis and musculoskeletal and skin diseases. The plan shall include such comments and recommendations as the Director of the Institute determines appropriate. The plan shall place particular emphasis upon expanding research into better understanding the causes and the development of effective treatments for arthritis affecting children. The Director of the Institute shall periodically review and revise such plan and shall transmit any revisions of such plan to the Director of NIH.

(b) Coordination of activities with other national research institutes; minimum activities under program

Activities under the national arthritis and musculoskeletal and skin diseases program shall be coordinated with the other national research institutes to the extent that such institutes have responsibilities respecting arthritis and musculoskeletal and skin diseases, and shall, at least, provide for—

(1) investigation into the epidemiology, etiology, and prevention of all forms of arthritis and musculoskeletal and skin diseases, including sports-related disorders,

primarily through the support of basic research in such areas as immunology, genetics, biochemistry, microbiology, physiology, bioengineering, and any other scientific discipline which can contribute important knowledge to the treatment and understanding of arthritis and musculoskeletal and skin diseases;

(2) research into the development, trial, and evaluation of techniques, drugs, and devices used in the diagnosis, treatment, including medical rehabilitation, and prevention of arthritis and musculoskeletal and skin diseases;

(3) research on the refinement, development, and evaluation of technological devices that will replace or be a substitute for damaged bone, muscle, and joints and other supporting structures;

(4) the establishment of mechanisms to monitor the causes of athletic injuries and identify ways of preventing such injuries on scholastic athletic fields; and

(5) research into the causes of arthritis affecting children and the development, trial, and evaluation of techniques, drugs and devices used in the diagnosis, treatment (including medical rehabilitation), and prevention of arthritis in children.

(c) Program to be carried out in accordance with plan

The Director of the Institute shall carry out the national arthritis and musculoskeletal and skin diseases program in accordance with the plan prepared under subsection (a) of this section and any revisions of such plan made under such subsection.

(July 1, 1944, c. 373, Title IV, § 436, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 848, and amended Nov. 4, 1988, Pub.L. 100–607, Title I, § 136, 102 Stat. 3056; June 10, 1993, Pub.L. 103–43, Title VII, § 701(b), 107 Stat. 162.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1993 Amendments. Subsec. (a). Pub.L. 103–43, § 701(b)(1), inserted provision requiring the plan place particular emphasis upon expanding research into better understanding the causes and the development of effective treatment for arthritis affecting children.

Subsec. (b)(5). Pub.L. 103–43, § 701(b)(2), added par. (5).

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

§ 285d–3. Data system and information clearinghouse

(a) The Director of the Institute shall establish the National Arthritis and Musculoskeletal and Skin Diseases Data System for the collection, storage, analysis, retrieval, and dissemination of data derived from patient populations with arthritis and musculoskeletal and skin diseases, including where possible, data involving general populations for the purpose of detection of individuals with a risk of developing arthritis and musculoskeletal and skin diseases.

(b) The Director of the Institute shall establish the National Arthritis and Musculoskeletal and Skin Diseases Information Clearinghouse to facilitate and enhance, through the effective dissemination of information, knowledge and understanding of arthritis and musculoskeletal and skin diseases, including juvenile arthritis and related conditions, by health professionals, patients, and the public.

(As amended Oct. 17, 2000, Pub.L. 106–310, Div. A, Title III, § 302, 114 Stat. 1111.)

HISTORICAL AND STATUTORY NOTES

Amendments

2000 Amendments. Subsec. (b). Pub.L. 106–310, § 302, inserted ", including juvenile arthritis and related conditions," following "skin diseases".

Effective and Applicability Provisions

2000 Acts. Amendment by Div. A (§§ 101 to 2901) of Pub.L. 106–310, effective Oct. 17, 2000, see section 2901 of Pub.L. 106–310, Div. A, Title XXIX, set out as a note under section 201 of this title.

§ 285d–4. Interagency coordinating committees

(a) Establishment and purpose

For the purpose of—

(1) better coordination of the research activities of all the national research institutes relating to arthritis, musculoskeletal diseases, and skin diseases, including sports-related disorders; and

(2) coordinating the aspects of all Federal health programs and activities relating to arthritis, musculoskeletal diseases, and skin diseases in order to assure the adequacy and technical soundness of such programs and activities and in order to provide for the full communication and exchange of information necessary to maintain adequate coordination of such programs and activities,

the Secretary shall establish an Arthritis and Musculoskeletal Diseases Interagency Coordinating Committee and a Skin Diseases Interagency Coordinating Committee (hereafter in this section individually referred to as a "Committee").

(b) Membership; chairman; meetings

Each Committee shall be composed of the Directors of each of the national research institutes and divisions involved in research regarding the diseases with respect to which the Committee is established, the Under Secretary for Health of the Department of Veterans Affairs, and the Assistant Secretary of Defense for Health Affairs (or the designees of such officers), and representatives of all other Federal departments and agencies (as determined by the Secretary) whose programs involve health functions or responsibilities relevant to arthritis and musculoskeletal diseases or skin diseases, as the case may be. Each Committee shall be chaired by the Director of NIH (or the designee of the Director). Each Committee shall meet at the call of the chairman, but not less often than four times a year.

(c) Repealed. Pub.L. 105–362, Title VI, § 601(a)(1)(D), Nov. 10, 1998, 112 Stat. 3285.)

(July 1, 1944, c. 373, Title IV, § 439, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 849, and amended Oct. 25, 1988, Pub.L. 100–527, § 10, 102 Stat. 2640; Oct. 9, 1992, Pub.L. 102–405, Title III, § 302(e)(1), 106 Stat. 1985; June 10, 1993, Pub.L. 103–43, Title XX, § 2008(b)(6), 107 Stat. 211; Nov. 10, 1998, Pub.L. 105–362, Title VI, § 601(a)(1)(D), 112 Stat. 3285.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Conference Report No. 102–871, see 1992 U.S. Code Cong. and Adm. News, p. 1362.

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1998 Amendments. Subsec. (c). Pub.L. 105–362, § 601(a)(1)(D), repealed subsec. (c), which formerly read:

"(c) Annual report

"Not later than 120 days after the end of each fiscal year, each Committee shall prepare and transmit to the Secretary, the Director of NIH, the Director of the Institute, and the advisory council for the Institute a report detailing the activities of the Committee in such fiscal year in carrying out paragraphs (1) and (2) of subsection (a) of this section."

1993 Amendments. Subsec. (b). Pub.L. 103–43, § 2008(b)(6), substituted "Department of Veterans Affairs" for "Veterans' Administration", which for purposes of codification required no change in text due to prior change of name by section 10 of Pub.L. 100–527, set out as a note under section 301 of Title 38, Veterans' Benefits.

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

Change of Name

Reference to the "Chief Medical Director of the Veterans' Administration" deemed to refer to the "Chief Medical Director of the Department of Veterans Affairs" pursuant to section 10 of Pub.L. 100–527, set out as a Department of Veterans Affairs Act note under section 301 of Title 38, Veterans' Benefits.

Reference to the "Chief Medical Director of the Department of Veterans Affairs" deemed to refer to the "Under Secretary for Health of the Department of Veterans Affairs" pursuant to section 302(e) of Pub.L. 102–405, set out as a Change of Name note under section 305 of Title 38, Veterans' Benefits.

§ 285d–6. Multipurpose arthritis and musculoskeletal diseases centers

(a) Development, modernization, and operation

The Director of the Institute shall, after consultation with the advisory council for the Institute, provide for the development, modernization, and operation (including staffing and other operating costs such as the costs of patient care required for research) of new and existing centers for arthritis and musculoskeletal diseases. For purposes of this section, the term "modernization" means the alteration, remodeling, improvement, expansion, and repair of existing buildings and the provision of equipment for such buildings to the extent necessary to make them suitable for use as centers described in the preceding sentence.

(b) Duties and functions

Each center assisted under this section shall—

(1) (A)use the facilities of a single institution or a consortium of cooperating institutions, and (B) meet such qualifications as may be prescribed by the Secretary; and

(2) conduct—

(A) basic and clinical research into the cause, diagnosis, early detection, prevention, control, and treatment of and rehabilitation from arthritis and musculoskeletal diseases and complications resulting from arthritis and musculoskeletal diseases, including research into implantable biomaterials and biomechanical and other orthopedic procedures;

(B) training programs for physicians, scientists, and other health and allied health professionals;

(C) information and continuing education programs for physicians and other health and allied health professionals who provide care for patients with arthritis and musculoskeletal diseases; and

(D) programs for the dissemination to the general public of information—

(i) on the importance of early detection of arthritis and musculoskeletal diseases, of seeking prompt treatment, and of following an appropriate regimen; and

(ii) to discourage the promotion and use of unapproved and ineffective diagnostic, preventive, treatment, and control methods and unapproved and ineffective drugs and devices.

A center may use funds provided under subsection (a) of this section to provide stipends for health professionals enrolled in training programs described in paragraph (2)(B).

(c) Optional programs

Each center assisted under this section may conduct programs to—

(1) establish the effectiveness of new and improved methods of detection, referral, and diagnosis of individuals with a risk of developing arthritis and musculoskeletal diseases;

(2) disseminate the results of research, screening, and other activities, and develop means of standardizing patient data and recordkeeping; and

(3) develop community consultative services to facilitate the referral of patients to centers for treatment.

(d) Geographical distribution

The Director of the Institute shall, insofar as practicable, provide for an equitable geographical distribution of centers assisted under this section. The Director shall give appropriate consideration to the need for centers especially suited to meeting the needs of children affected by arthritis and musculoskeletal diseases.

(e) Period of support; additional periods

Support of a center under this section may be for a period of not to exceed five years. Such period may be extended by the Director of the Institute for one or more additional periods of not more than five years if the operations of such center have been reviewed by an appropriate technical and scientific peer review group established by the Director

and if such group has recommended to the Director that such period should be extended.

(f) Treatment and rehabilitation of children

Not later than October 1, 1993, the Director shall establish a multipurpose arthritis and musculoskeletal disease center for the purpose of expanding the level of research into the cause, diagnosis, early detection, prevention, control, and treatment of, and rehabilitation of children with arthritis and musculoskeletal diseases.

(July 1, 1944, c. 373, Title IV, § 441, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 851, and amended Nov. 4, 1988, Pub.L. 100–607, Title I, § 137, 102 Stat. 3056; June 10, 1993, Pub.L. 103–43, Title VII, § 701(c), 107 Stat. 162.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1993 Amendments. Subsec. (f). Pub.L. 103–43, § 701(c), added subsec. (f).

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

§ 285d–6a. Expansion and intensification of activities

(a) In general

The Director of the Institute shall expand and intensify research and related activities of the Institute with respect to lupus.

(b) Coordination with other institutes

The Director of the Institute shall coordinate the activities of the Director under subsection (a) with similar activities conducted by the other national research institutes and agencies of the National Institutes of Health to the extent that such Institutes and agencies have responsibilities that are related to lupus.

(c) Programs for lupus

In carrying out subsection (a), the Director of the Institute shall conduct or support research to expand the understanding of the causes of, and to find a cure for, lupus. Activities under such subsection shall include conducting and supporting the following:

(1) Research to determine the reasons underlying the elevated prevalence of lupus in women, including African-American women.

(2) Basic research concerning the etiology and causes of the disease.

(3) Epidemiological studies to address the frequency and natural history of the disease and the differences among the sexes and among racial and ethnic groups with respect to the disease.

(4) The development of improved diagnostic techniques.

(5) Clinical research for the development and evaluation of new treatments, including new biological agents.

(6) Information and education programs for health care professionals and the public.

(d) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2003.

(July 1, 1944, c. 373, Title IV, § 441A, as added Nov. 13, 2000, Pub.L. 106–505, Title V, § 511, 114 Stat. 2342.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

2000 Acts. House Report No. 106–634, see 2000 U.S. Code Cong. and Adm. News, p. 2168.

Congressional Findings

Pub.L. 106–505, Title V, § 502, Nov. 13, 2000, 114 Stat. 2342, provided that:

"The Congress finds that—

"(1) lupus is a serious, complex, inflammatory, autoimmune disease of particular concern to women;

"(2) lupus affects women nine times more often than men;

"(3) there are three main types of lupus: systemic lupus, a serious form of the disease that affects many parts of the body; discoid lupus, a form of the disease that affects mainly the skin; and drug-induced lupus caused by certain medications;

"(4) lupus can be fatal if not detected and treated early;

"(5) the disease can simultaneously affect various areas of the body, such as the skin, joints, kidneys, and brain, and can be difficult to diagnose because the symptoms of lupus are similar to those of many other diseases;

"(6) lupus disproportionately affects African–American women, as the prevalence of the disease among such women is three times the prevalence among white women, and an estimated 1 in 250 African–American women between the ages of 15 and 65 develops the disease;

"(7) it has been estimated that between 1,400,000 and 2,000,000 Americans have been diagnosed with the disease, and that many more have undiagnosed cases;

"(8) current treatments for the disease can be effective, but may lead to damaging side effects;

"(9) many victims of the disease suffer debilitating pain and fatigue, making it difficult to maintain employment and lead normal lives; and

"(10) in fiscal year 1996, the amount allocated by the National Institutes of Health for research on lupus was $33,000,000, which is less than one-half of 1 percent of the budget for such Institutes."

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285d–7. Advisory Board

(a) Establishment

The Secretary shall establish in the Institute the National Arthritis and Musculoskeletal and Skin Diseases Advisory Board (hereafter in this section referred to as the "Advisory Board").

(b) Membership; ex officio members

The Advisory Board shall be composed of twenty appointed members and nonvoting, ex officio members, as follows:

(1) The Secretary shall appoint—

(A) twelve members from individuals who are scientists, physicians, and other health professionals, who are not officers or employees of the United States, and who represent the specialties and disciplines relevant to arthritis, musculoskeletal diseases, and skin diseases; and

(B) eight members from the general public who are knowledgeable with respect to such diseases, including one member who is a person who has such a disease, one person who is the parent of an adult with such a disease, and two members who are parents of children with arthritis.

Of the appointed members at least five shall by virtue of training or experience be knowledgeable in health education, nursing, data systems, public information, or community program development.

(2) The following shall be ex officio members of the Advisory Board:

(A) the Assistant Secretary for Health, the Director of NIH, the Director of the National Institute of Arthritis and Musculoskeletal and Skin Diseases, the Director of the Centers for Disease Control and Prevention, the Under Secretary for Health of the Department of Veterans Affairs, and the Assistant Secretary of Defense for Health Affairs (or the designees of such officers), and

(B) such other officers and employees of the United States as the Secretary determines necessary for the Advisory Board to carry out its functions.

(c) Compensation

Members of the Advisory Board who are officers or employees of the Federal Government shall serve as members of the Advisory Board without compensation in addition to that received in their regular public employment. Other members of the Advisory Board shall receive compensation at rates not to exceed the daily equivalent of the annual rate in effect for grade GS–18 of the General Schedule for each day

(including traveltime) they are engaged in the performance of their duties as members of the Advisory Board.

(d) Term of office; vacancy

The term of office of an appointed member of the Advisory Board is four years. Any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of such term. A member may serve after the expiration of the member's term until a successor has taken office. If a vacancy occurs in the Advisory Board, the Secretary shall make an appointment to fill the vacancy not later than 90 days after the date the vacancy occurred.

(e) Chairman

The members of the Advisory Board shall select a chairman from among the appointed members.

(f) Executive director, professional and clerical staff; administrative support services and facilities

The Secretary shall, after consultation with and consideration of the recommendations of the Advisory Board, provide the Advisory Board with an executive director and one other professional staff member. In addition, the Secretary shall, after consultation with and consideration of the recommendations of the Advisory Board, provide the Advisory Board with such additional professional staff members, such clerical staff members, and (through contracts or other arrangements) with such administrative support services and facilities, such information, and such services of consultants, as the Secretary determines are necessary for the Advisory Board to carry out its functions.

(g) Meetings

The Advisory Board shall meet at the call of the chairman or upon request of the Director of the Institute, but not less often than four times a year.

(h) Duties and functions

The Advisory Board shall—

(1) review and evaluate the implementation of the plan prepared under section 285d–1(a) of this title and periodically update the plan to ensure its continuing relevance;

(2) for the purpose of assuring the most effective use and organization of resources respecting arthritis, musculoskeletal diseases and skin diseases, advise and make recommendations to the Congress, the Secretary, the Director of NIH, the Director of the Institute, and the heads of other appropriate Federal agencies for the implementation and revision of such plan; and

(3) maintain liaison with other advisory bodies for Federal agencies involved in the implementation of such plan, the interagency coordinating committees for such diseases established under section 285d–4 of this title, and with key non-Federal entities involved in activities affecting the control of such diseases.

(i) Subcommittees; establishment and membership

In carrying out its functions, the Advisory Board may establish subcommittees, convene workshops and conferences, and collect data. Such subcommittees may be composed of Advisory Board members and nonmember consultants with expertise in the particular area addressed by such subcommittees. The subcommittees may hold such meetings as are necessary to enable them to carry out their activities.

(j) Annual report

The Advisory Board shall prepare an annual report for the Secretary which—

(1) describes the Advisory Board's activities in the fiscal year for which the report is made;

(2) describes and evaluates the progress made in such fiscal year in research, treatment, education, and training with respect to arthritis, musculoskeletal diseases, and skin diseases;

(3) summarizes and analyzes expenditures made by the Federal Government for activities respecting such diseases in such fiscal year for which the report is made;

(4) contains the Advisory Board's recommendations (if any) for changes in the plan prepared under section 285d–1(a) of this title; and

(5) contains recommendations for expanding the Institute's funding of research directly applicable to the cause, diagnosis, early detection, prevention, control, and treatment of, and rehabilitation of children with arthritis and musculoskeletal diseases.

(k) Termination of predecessor board; time within which to appoint members

The National Arthritis Advisory Board in existence on November 20, 1985, shall terminate upon the appointment of a successor Board under subsection (a) of this section. The Secretary shall make appointments to the Advisory Board established under subsection (a) of this section before the expiration of 90 days after November 20, 1985. The member of the Board in existence on November 20, 1985, may be appointed, in accordance with subsections (b) and (d) of this section, to the Advisory Board established under subsection (a) of this section.

(July 1, 1944, c. 373, Title IV, § 442, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 852, and amended Oct. 25, 1988, Pub.L. 100–527, § 10, 102 Stat. 2640; Oct. 9, 1992, Pub.L. 102–405, Title III, § 302(e)(1), 106 Stat. 1985; Oct. 27, 1992, Pub.L. 102–531, Title III, § 312(d)(7), 106 Stat. 3504; June 10, 1993, Pub.L. 103–43, Title VII, § 701(d), Title XX, § 2008(b)(7), 107 Stat. 162, 211.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Conference Report No. 102–871, see 1992 U.S. Code Cong. and Adm. News, p. 1362.

House Report No. 102–318 and House Conference Report No. 102–1019, see 1992 U.S. Code Cong. and News, p. 3022.

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1993 Amendments. Subsec. (a). Pub.L. 103–43, § 701(d)(1), inserted "and Musculoskeletal and Skin Diseases" after "Arthritis".

Subsec. (b). Pub.L. 103–43, § 701(d)(2), in provision preceding par. (1) substituted "twenty" for "eighteen" and in par. (1)(B) substituted "one member who is a person who has such a disease, one person who is the parent of an adult with such a disease, and two members who are parents of children with arthritis" for "at least one member who is a person who has such a disease and one member who is a parent of a person who has such a disease".

Subsec. (b)(2)(A). Pub.L. 103–43, § 2008(b)(7), substituted "Department of Veterans Affairs" for "Veterans' Administration", which for purposes of codification required no change in text due to prior change of name by section 10 of Pub.L. 100–527, set out as a note under section 301 of Title 38, Veterans' Benefits.

Subsec. (j)(5). Pub.L. 103–43, § 701(d)(3), added par. (5).

1992 Amendments. Subsec. (b)(2)(A). Pub.L. 102–531, Title III, § 312(d)(7), substituted "Centers for Disease Control and Prevention" for "Centers for Disease Control".

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

Change of Name

Reference to the "Chief Medical Director of the Veterans' Administration" deemed to refer to the "Chief Medical Director of the Department of Veterans Affairs" pursuant to section 10 of Pub.L. 100–527, set out as a Department of Veterans Affairs Act note under section 301 of Title 38, Veterans' Benefits.

Reference to the "Chief Medical Director of the Department of Veterans Affairs" deemed to refer to the "Under Secretary for Health of the Department of Veterans Affairs" pursuant to section 302(e) of Pub.L. 102–405, set out as a Change of Name note under section 305 of Title 38, Veterans' Benefits.

§ 285d–8. Juvenile arthritis and related conditions

(a) Expansion and coordination of activities

The Director of the Institute, in coordination with the Director of the National Institute of Allergy and Infectious Diseases, shall expand and intensify the programs of such Institutes with respect to research and related activities concerning juvenile arthritis and related conditions.

(b) Coordination

The Directors referred to in subsection (a) shall jointly coordinate the programs referred to in such subsection and consult with the Arthritis and Musculoskeletal Diseases Interagency Coordinating Committee.

(c) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.

(July 1, 1944, c. 373, Title IV, § 442A, as added Oct. 17, 2000, Pub.L. 106–310, Div. A, Title III, § 301(a), 114 Stat. 1111.)

HISTORICAL AND STATUTORY NOTES

Effective and Applicability Provisions

Section effective Oct. 17, 2000, see section 2901 of Pub.L. 106–310, Div. A, Title XXIX, set out as a note under section 201 of this title.

LIBRARY REFERENCES

American Digest System

Health and Environment ⟹1, 7(3).
Key Number System Topic No. 199.
United States ⟹41, 85.
Key Number System Topic No. 393.

Encyclopedias

Health and Environment, see C.J.S. §§ 4, 9, 13.
United States, see C.J.S. §§ 41, 123.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

Subpart 5—National Institute on Aging

§ 285e. Purpose of Institute

HISTORICAL AND STATUTORY NOTES

Study of Malnutrition in the Elderly

Pub.L. 103–43, Title XIX, § 1902, June 10, 1993, 107 Stat. 201, provided that:

"(a) **Study.**—

"(1) **In general.**—The Secretary of Health and Human Services (referred to in this section as the 'Secretary'), acting through the National Institute on Aging, coordinating with the Agency for Health Care Policy and Research and, to the degree possible, in consultation with the head of the National Nutrition Monitoring and Related Research Program established by section 5311(a) of Public Law 101–445 [probably means section 101(a) of Pub.L. 101–445, which is classified to section 5311(a) of Title 7, Agriculture] (7 U.S.C. 5301 et seq.), shall conduct a 3–year nutrition screening and intervention activities study of the elderly.

"(2) **Efficacy and cost-effectiveness of nutrition screening and intervention activities.**—In conducting the study, the Secretary shall determine the efficacy and cost-effectiveness of nutrition screening and intervention activities conducted in the elderly health and long-term care continuum, and of a program that would institutionalize nutrition screening and intervention activities. In evaluating such a program, the Secretary shall determine—

"(A) if health or quality of life is measurably improved for elderly individuals who receive routine nutritional screening and treatment;

"(B) if federally subsidized home or institutional care is reduced because of increased independence of elderly individuals resulting from improved nutritional status;

"(C) if a multidisciplinary approach to nutritional care is effective in addressing the nutritional needs of elderly individuals; and

"(D) if reimbursement for nutrition screening and intervention activities is a cost-effective approach to improving the health status of elderly individuals.

"(3) **Populations.**—The populations of elderly individuals in which the study will be conducted shall include populations of elderly individuals who are—

"(A) living independently, including—

"(i) individuals who receive home and community-based services or family support;

"(ii) individuals who do not receive additional services and support;

"(iii) individuals with low incomes; and

"(iv) individuals who are minorities;

"(B) hospitalized, including individuals admitted from home and from institutions; and

"(C) institutionalized in residential facilities such as nursing homes and adult homes.

"(b) **Malnutrition study.**—The Secretary, acting through the National Institute on Aging, shall conduct a 3–year study to determine the extent of malnutrition in elderly individuals in hospitals and long-term care facilities and in elderly individuals who are living independently.

"(c) **Report.**—The Secretary shall submit a report to the Committee on Labor and Human Resources of the Senate and the Committee on Energy and Commerce of the House of Representatives containing the findings resulting from the studies described in subsections (a) and (b),

including a determination regarding whether a program that would institutionalize nutrition screening and intervention activities should be adopted, and the rationale for the determination.

"(d) **Advisory panel.**—

"(1) **Establishment.**—The Secretary, acting through the Director of the National Institute on Aging, shall establish an advisory panel that shall oversee the design, implementation, and evaluation of the studies described in subsections (a) and (b).

"(2) **Composition.**—The advisory panel shall include representatives appointed for the life of the panel by the Secretary from the Health Care Financing Administration, the Social Security Administration, the National Center for Health Statistics, the Administration on Aging, the National Council on the Aging, the American Dietetic Association, the American Academy of Family Physicians, and such other agencies or organizations as the Secretary determines to be appropriate.

"(3) **Compensation and expenses.**—

"(A) **Compensation.**—Each member of the advisory panel who is not an employee of the Federal Government shall receive compensation for each day engaged in carrying out the duties of the panel, including time engaged in traveling for purposes of such duties. Such compensation may not be provided in an amount in excess of the maximum rate of basic pay payable for GS–18 of the General Schedule.

"(B) **Travel expenses.**—Each member of the advisory panel shall receive travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code [section 5701 et seq. of Title 5, Government Organization and Employees], for each day the member is engaged in the performance of duties away from the home or regular place of business of the member.

"(4) **Detail of federal employees.**—On the request of the advisory panel, the head of any Federal agency shall detail, without reimbursement, any of the personnel of the agency to the advisory panel to assist the advisory panel in carrying out its duties. Any detail shall not interrupt or otherwise affect the civil service status or privileges of the Federal employee.

"(5) **Technical assistance.**—On the request of the advisory panel, the head of a Federal agency shall provide such technical assistance to the advisory panel as the advisory panel determines to be necessary to carry out its duties.

"(6) **Termination.**—Notwithstanding section 15 of the Federal Advisory Committee Act [section 15 of Appendix 2 of Title 5] (5 U.S.C. App.), the advisory panel shall terminate 3 years after the date of enactment of this Act [June 10, 1993]."

[Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.]

§ 285e–5. Research relevant to appropriate services for individuals with Alzheimer's disease and related dementias and their families

(a) Grants for research

The Director of the Institute shall conduct, or make grants for the conduct of, research relevant to appropriate services for individuals with Alzheimer's disease and related dementias and their families.

(b) Preparation of plan; contents; revision

(1) Within 6 months after November 14, 1986, the Director of the Institute shall prepare and transmit to the Chairman of the Council on Alzheimer's Disease (in this section referred to as the "Council") a plan for the research to be conducted under subsection (a) of this section. The plan shall—

(A) provide for research concerning—

(i) the epidemiology of, and the identification of risk factors for, Alzheimer's disease and related dementias; and

(ii) the development and evaluation of reliable and valid multidimensional diagnostic and assessment procedures and instruments; and

(B) ensure that research carried out under the plan is coordinated with, and uses, to the maximum extent feasible, resources of, other Federal programs relating

to Alzheimer's disease and related dementias, including centers supported under section 285e–2 of this title, centers supported by the National Institute of Mental Health on the psychopathology of the elderly, relevant activities of the Administration on Aging, other programs and centers involved in research on Alzheimer's disease and related dementias supported by the Department, and other programs relating to Alzheimer's disease and related dementias which are planned or conducted by Federal agencies other than the Department, State or local agencies, community organizations, or private foundations.

(2) Within one year after transmitting the plan required under paragraph (1), and annually thereafter, the Director of the Institute shall prepare and transmit to the Chairman of the Council such revisions of such plan as the Director considers appropriate.

(c) Consultation for preparation and revision of plan

In preparing and revising the plan required by subsection (b) of this section, the Director of the Institute shall consult with the Chairman of the Council and the heads of agencies within the Department.

(d) Grants for promoting independence and preventing secondary disabilities

the [1] Director of the Institute may develop, or make grants to develop—

(1) model techniques to—

(A) promote greater independence, including enhanced independence in performing activities of daily living and instrumental activities of daily living, for persons with Alzheimer's disease and related disorders; and

(B) prevent or reduce the severity of secondary disabilities, including confusional episodes, falls, bladder and bowel incontinence, and adverse effects of prescription and over-the-counter medications, in such persons; and

(2) model curricula for health care professionals, health care paraprofessionals, and family caregivers, for training and application in the use of such techniques.

(e) "Council on Alzheimer's Disease" defined

For purposes of this section, the term "Council on Alzheimer's Disease" means the council established in section 11211(a) of this title.

(July 1, 1944, c. 373, Title IV, § 445C, formerly Pub.L. 99–660, Title IX, § 941, Nov. 14, 1986, 100 Stat. 3808; renumbered § 445C and amended Nov. 4, 1988, Pub.L. 100–607, Title I, § 142(a), (d)(2), 102 Stat. 3057, 3058; Oct. 24, 1992, Pub.L. 102–507, § 9, 106 Stat. 3287; June 10, 1993, Pub.L. 103–43, Title VIII, § 804, 107 Stat. 164.)

[1] So in original. Probably should be "The".

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–242, see 1992 U.S. Code Cong. and Adm. News, p. 2628.

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1993 Amendments. Subsec. (b)(1). Pub.L. 103–43, § 804(1), inserted "on Alzheimer's Disease (in this section referred to as the 'Council')" after "Council".

Subsec. (e). Pub.L. 103–43, § 804(2), added subsec. (e).

1992 Amendments. Subsec. (d). Pub.L. 102–507, § 9, added subsec. (d).

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

§ 285e–9. Alzheimer's disease registry

(a) In general

The Director of the Institute may make a grant to develop a registry for the collection of epidemiological data about Alzheimer's disease and its incidence in the United States, to train personnel in the collection of such data, and for other matter respecting such disease.

(b) Qualifications

To qualify for a grant under subsection (a) of this section an applicant shall—

(1) be an accredited school of medicine or public health which has expertise in the collection of epidemiological data about individuals with Alzheimer's disease and in the development of disease registries, and

(2) have access to a large patient population, including a patient population representative of diverse ethnic backgrounds.

(c) Repealed. Pub.L. 103–43, Title VIII, § 801(b)(2), June 10, 1993, 107 Stat. 163

(July 1, 1944, c. 373, Title IV, § 445G, formerly Pub.L. 99–158, § 12, Nov. 20, 1980, 99 Stat. 885; renumbered § 445G of Act July 1, 1944, and amended June 10, 1993, Pub.L. 103–43, Title VIII, § 801, 107 Stat. 163.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Codifications

Section was formerly set out as a note under section 285e–2 of this title prior to renumbering and amendment by section 801 of Pub.L. 103–43.

Amendments

1993 Amendments. Heading. Pub.L. 103–43, § 801(b)(1), reenacted heading without change.

Subsec. (a). Pub.L. 103–43, § 801(b)(1), substituted in heading "In general" for "Grant authority" and in text substituted "Director of the Institute" for "Director of the National Institute on Aging".

Subsec. (c). Pub.L. 103–43, § 801(b)(2), struck out subsec. (c), which authorized appropriations of $2,500,000 to remain available until expended or through fiscal year 1989, whichever occurred first.

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285e–10. Aging processes regarding women

(a) The Director of the Institute, in addition to other special functions specified in section 285e–1 of this title and in cooperation with the Directors of the other national research institutes and agencies of the National Institutes of Health, shall conduct research into the aging processes of women, with particular emphasis given to the effects of menopause and the physiological and behavioral changes occurring during the transition from pre- to post-menopause, and into the diagnosis, disorders, and complications related to aging and loss of ovarian hormones in women.

(b) For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1999 through 2003. The authorization of appropriations established in the preceding sentence is in addition to any other authorization of appropriation that is available for such purpose.

(July 1, 1944, c. 373, Title IV, § 445H, as added June 10, 1993, Pub.L. 103–43, Title VIII, § 802, 107 Stat. 163, and amended Oct. 31, 1998, Pub.L. 105–340, Title I, § 105, 112 Stat. 3193.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

1998 Acts. Statement by President, see 1998 U.S. Code Cong. and Adm. News, p. 772.

Amendments

1998 Amendments. Subsec. (a). Pub.L. 105–340, § 105(1), struck "The Director" and inserted "(a) The Director".

Subsec. (b). Pub.L. 105–340, § 105(2), added subsec. (b).

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285e–10a. Alzheimer's clinical research and training awards

(a) In general

The Director of the Institute is authorized to establish and maintain a program to enhance and promote the translation of new scientific knowledge into clinical practice related to the diagnosis, care and treatment of individuals with Alzheimer's disease.

(b) Support of promising clinicians

In order to foster the application of the most current developments in the etiology, pathogenesis, diagnosis, prevention and treatment of Alzheimer's disease, amounts made available under this section shall be directed to the support of promising clinicians through awards for research, study, and practice at centers of excellence in Alzheimer's disease research and treatment.

(c) Excellence in certain fields

Research shall be carried out under awards made under subsection (b) in environments of demonstrated excellence in neuroscience, neurobiology, geriatric medicine, and psychiatry and shall foster innovation and integration of such disciplines or other environments determined suitable by the Director of the Institute.

(d) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated $2,250,000 for fiscal year 2001, and such sums as may be necessary for each of fiscal years 2002 through 2005.

(July 1, 1944, c. 373, Title IV, § 445I, as added Nov. 13, 2000, Pub.L. 106–505, § 801(2), 114 Stat. 2349.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

2000 Acts. House Report No. 106–634, see 2000 U.S. Code Cong. and Adm. News, p. 2168.

Prior Provisions

Prior § 445I of Act July 1, 1944, c. 373, Title VI, classified to 42 U.S.C.A. § 285e–11, was renumbered as § 445J by Pub.L. 106–505, Title VIII, § 801(1), Nov. 13, 2000, 114 Stat. 2349.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285e–11. Authorization of appropriations

For the purpose of carrying out this subpart, there are authorized to be appropriated $500,000,000 for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 and 1996.

(July 1, 1944, c. 373, Title IV, § 445J, formerly § 445I, as added June 10, 1993, Pub.L. 103–43, Title VIII, § 803, 107 Stat. 164, and renumbered § 445J, Nov. 13, 2000, Pub.L. 106–505, § 801(1), 114 Stat. 2349.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

2000 Acts. House Report No. 106–634, see 2000 U.S. Code Cong. and Adm. News, p. 2168.

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

Subpart 6—National Institute of Allergy and Infectious Diseases

§ 285f. Purpose of Institute

The general purpose of the National Institute of Allergy and Infectious Diseases is the conduct and support of research, training, health information dissemination, and other programs with respect to allergic and immunologic diseases and disorders and infectious diseases, including tropical diseases.

(July 1, 1944, c. 373, Title IV, § 446, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 855, and amended June 10, 1993, Pub.L. 103–43, Title IX, § 901, 107 Stat. 164.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1993 Amendments. Pub.L. 103–43, § 901, inserted ", including tropical diseases" after "infectious diseases".

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

§ 285f–1. Research centers regarding chronic fatigue syndrome

(a) The Director of the Institute, after consultation with the advisory council for the Institute, may make grants to, or enter into contracts with, public or nonprofit private entities for the development and operation of centers to conduct basic and clinical research on chronic fatigue syndrome.

(b) Each center assisted under this section shall use the facilities of a single institution, or be formed from a consortium of cooperating institutions, meeting such requirements as may be prescribed by the Director of the Institute.

(July 1, 1944, c. 373, Title IV, § 447, as added June 10, 1993, Pub.L. 103–43, Title IX, § 902(a), 107 Stat. 164.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Codifications

Another section 447 of Act July 1, 1994 was enacted by section 302(a) of Pub.L. 103–183 and is classified to section 285f–2 of this title.

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

Extramural Study Section

Section 902(b) of Pub.L. 103–43 provided that: "Not later than 6 months after the date of enactment of this Act [June 10, 1993], the Secretary of Health and Human Services shall establish an extramural study section for chronic fatigue syndrome research."

Research Activities on Chronic Fatigue Syndrome

Section 1903 of Pub.L. 103–43 provided that: "The Secretary of Health and Human Services shall, not later than October 1, 1993, and annually thereafter for the next 3 years, prepare and submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate, a report that summarizes the research activities conducted or supported by the National Institutes of Health concerning chronic fatigue syndrome. Such report should include information concerning grants made, cooperative agreements or contracts entered into, intramural activities, research priorities and needs, and a plan to address such priorities and needs."

[Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.]

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285f–2. Research and research training regarding tuberculosis

(a) In carrying out section 285f of this title, the Director of the Institute shall conduct or support research and research training regarding the cause, diagnosis, early detection, prevention and treatment of tuberculosis.

(b) For the purpose of carrying out subsection (a) of this section, there are authorized to be appropriated $50,000,000 for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 through 1998. Such authorization is in addition to any other authorization of appropriations that is available for such purpose.

(July 1, 1944, c. 373, Title IV, § 447A, formerly § 447, as added Dec. 14, 1993, Pub.L. 103–183, Title III, § 302(a), 107 Stat. 2235; renumbered § 447A, Nov. 13, 1998, Pub.L. 105–392, Title IV, § 401(b)(3), 112 Stat. 3587.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–135 and House Report No. 103–397, see 1993 U.S. Code Cong. and Adm. News, p. 2916.

Codifications

Another section 447 of Act July 1, 1994 was enacted by section 902(a) of Pub.L. 103–43 and is classified to section 285f–1 of this title.

Effective and Applicability Provisions

1998 Acts. Amendment by section 401 of Pub.L. 105–392 deemed to have taken effect immediately after the enactment of Public Law 103–183 [Dec. 14, 1993], see section 401(e) of Pub.L. 105–392, set out as a note under section 242m of this title.

Research through the Food and Drug Administration

Section 303 of Pub.L. 103–183 provided that: "The Secretary of Health and Human Services, acting through the Commissioner of Food and Drugs, shall implement a tuberculosis drug and device research program under which the Commissioner may—

"(1) provide assistance to other Federal agencies for the development of tuberculosis protocols;

"(2) review and evaluate medical devices designed for the diagnosis and control of airborne tuberculosis; and

"(3) conduct research concerning drugs or devices to be used in diagnosing, controlling and preventing tuberculosis."

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285f–3. Sexually transmitted disease clinical research and training awards

(a) In general

The Director of the Institute is authorized to establish and maintain a program to enhance and promote the translation of new scientific knowledge into clinical practice related to the diagnosis, care and treatment of individuals with sexually transmitted diseases.

(b) Support of promising clinicians

In order to foster the application of the most current developments in the etiology, pathogenesis, diagnosis, prevention and treatment of sexually transmitted diseases, amounts made available under this section shall be directed to the support of promising clinicians through awards for research, study, and practice at centers of excellence in sexually transmitted disease research and treatment.

(c) Excellence in certain fields

Research shall be carried out under awards made under subsection (b) in environments of demonstrated excellence in the etiology and pathogenesis of sexually transmitted diseases and shall foster innovation and integration of such disciplines or other environments determined suitable by the Director of the Institute.

(d) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated $2,250,000 for fiscal year 2001, and such sums as may be necessary for each of fiscal years 2002 through 2005.

(July 1, 1944, c 373, Title IV, § 447B, as added Nov. 13, 2000, Pub.L. 106–505, Title IX, § 901, 114 Stat. 2349.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

2000 Acts. House Report No. 106–634, see 2000 U.S. Code Cong. and Adm. News, p. 2168.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

Subpart 7—National Institute of Child Health and Human Development

§ 285g. Purpose of Institute

The general purpose of the National Institute of Child Health and Human Development (hereafter in this subpart referred to as the "Institute") is the conduct and support of research, training, health information dissemination, and other programs with respect to gynecologic health, maternal health, child health, mental retardation, human growth and development, including prenatal development, population research, and special health problems and requirements of mothers and children.

(As amended Dec. 21, 2000, Pub.L. 106–554, § 1(a)(1) [Title II, § 215], 114 Stat. 2763, 2763A–28.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

2000 Acts. House Report No. 106–645 and Statement by President, see 2000 U.S. Code Cong. and Adm. News, p. 2459.

Amendments

2000 Amendments. Pub.L. 106–554, § 1(a)(1) [Title II, § 215], inserted "gynecologic health," preceding "maternal health".

Long-term Child Development Study

Pub.L. 106–310, Div. A, Title X, § 1004, Oct. 17, 2000, 114 Stat. 1130, provided that:

"**(a) Purpose.**—It is the purpose of this section to authorize the National Institute of Child Health and Human Development to conduct a national longitudinal study of environmental influences (including physical, chemical, biological, and psychosocial) on children's health and development.

"**(b) In general.**—The Director of the National Institute of Child Health and Human Development shall establish a consortium of representatives from appropriate Federal agencies (including the Centers for Disease Control and Prevention, the Environmental Protection Agency) to—

"(1) plan, develop, and implement a prospective cohort study, from birth to adulthood, to evaluate the effects of both chronic and intermittent exposures on child health and human development; and

"(2) investigate basic mechanisms of developmental disorders and environmental factors, both risk and protective, that influence health and developmental processes.

"**(c) Requirement.**—The study under subsection (b) shall—

"(1) incorporate behavioral, emotional, educational, and contextual consequences to enable a complete assessment of the physical, chemical, biological and psychosocial environmental influences on children's well-being;

"(2) gather data on environmental influences and outcomes on diverse populations of children, which may include the consideration of prenatal exposures; and

"(3) consider health disparities among children which may include the consideration of prenatal exposures.

"**(d) Report.**—Beginning not later than 3 years after the date of the enactment of this Act [Oct. 17, 2000], and periodically thereafter for the duration of the study under this section, the Director of the National Institute of Child Health and Human Development shall prepare and submit to the appropriate committees of Congress a report on the implementation and findings made under the planning and feasibility study conducted under this section.

"**(e) Authorization of appropriations.**—There are authorized to be appropriated to carry out this section $18,000,000 for fiscal year 2001, and such sums as may be necessary for each the fiscal years 2002 through 2005."

[Enactment of this note by Pub.L. 106–310, Div. A, effective Oct. 17, 2000, see section 2901 of Pub.L. 106–310, Div. A. Title XXIX, set out as a note under section 201 of this title.]

National Commission to Prevent Infant Mortality

Pub.L. 99–660, Title II, Nov. 14, 1986, 100 Stat. 3752, provided that:

"Sec. 201. Short title.

"This title may be cited as the 'National Commission to Prevent Infant Mortality Act of 1986'.

"Sec. 202. Definition.

"For the purposes of this title, the term 'infant mortality' refers to the number of infants born alive but who die before their first birthday.

"Sec. 203. Establishment of a National Commission.

"**(a) Establishment.**—There is established the National Commission to Prevent Infant Mortality (hereinafter referred to as the 'Commission').

"(b) **Composition.**—The Commission shall be composed of fifteen members, as follows:

"(1) Two members of the Senate, one to be selected by the majority leader of the Senate, the other to be selected by the minority leader of the Senate.

"(2) Two members of the House, one to be selected by the Speaker of the House, the other to be selected by the minority leader of the House.

"(3) Three representatives of State government shall be jointly selected by the majority leader of the Senate and the Speaker of the House. One shall be a Governor; one shall be a chief State official responsible for administering the State medicaid program; and one shall be the chief State official responsible for administering the State maternal and child health programs.

"(4) The Secretary of Health and Human Services shall be a member.

"(5) The Comptroller General of the United States shall be a member.

"(6) Six at large members, with demonstrated expertise in maternal and child health, including representatives of health care consumer and provider organizations, shall be jointly selected by the majority leader of the Senate and the Speaker of the House.

"(c) **Chairman and Vice Chairman.**—The Commission shall select a Chairperson and Vice Chairperson from among its members.

"(d) **Quorum.**—Eight members of the Commission shall constitute a quorum, but a lesser number may hold hearings.

"(e) **Meetings.**—The Commission shall meet at the call of the Chairperson.

"(f) **Vacancies.**—Members shall be appointed for the life of the Commission. Any vacancy in the Commission shall not affect its powers, but shall be filled in the same manner as the original appointment.

"**Sec. 204. Duties of the Commission.**

"(a) **Duties.**—The Commission shall:

"(1) Identify and examine comprehensively Federal, State, local, and private resources which impact infant mortality, including but not limited to—

"(A) the effectiveness and adequacy of programs such as the Supplemental Feeding Program for Women, Infants, and Children; the Maternal and Child Health Block Grant; Community Health Centers; prepregnancy services and other programs that increase access to prenatal and postnatal education, care, and nutrition;

"(B) the effectiveness of current Federal and State policies under the Medicaid Program to ensure adequate access to prenatal and post-natal care for low-income pregnant women, mothers, and infants up to age one;

"(C) the role of income maintenance and other programs that impact infant mortality such as Aid to Families with Dependent Children and Federal housing subsidies;

"(D) the adequacy of current Federal and State efforts to enable an appropriate distribution of properly trained health care professionals to provide comprehensive maternal and child health services;

"(E) the adequacy of private health care financing systems and mechanisms to enable pregnant women and infants to receive comprehensive health care; and

"(F) the adequacy of the national biostatistics registration system with respect to the collection and reporting of infant health statistics.

"(2) Identify current financial, intergovernmental, and within the Federal Government, interagency barriers to the health care needed to prevent high infant mortality.

"(3) Review recommendations made in recent regional and national reports that promote the health status of childbearing women and their infants and carry forward such recommendations as deemed appropriate.

"(4) Hold hearings, in accordance with section 205(a), in areas of the United States with high infant mortality rates.

"(b) **Recommendations.**—The Commission shall—

"(1) recommend a national policy designed to reduce and prevent infant mortality, including recommendations concerning populations at risk of high infant death rates and recommendations concerning appropriate roles for the Federal Government, States, local governments, and private sector;

"(2) recommend to the Congress and the President the specific changes needed within Federal laws and Federal programs to achieve an effective Federal role in preventing infant mortality, including the programs specified in subparagraphs (A) and (B) of subsection (a)(1);

"(3) recommend to the Congress and the President the specific changes needed to improve the national vital statistics registration system with respect to infant death statistics; and

"(4) present such recommendations to the President, the Committee on Energy and Commerce of the House of Representatives, and the Committees on Finance and Governmental Affairs of the Senate no later than one year after enactment of this Act [Nov. 14, 1986].

"**Sec. 205. Powers of the Commission.**

"(a) **Hearings.**—The Commission, or at its direction, any subcommittee or member thereof, may for the purpose of carrying out the provisions of this title, hold such hearings, sit and act at such times and places, take such testimony, receive such evidence and administer such oaths, as the Commission or such subcommittee or member may deem advisable. Any member of the Commission may administer oaths or affirmations to witnesses appearing before the Commission, subcommittee, or member thereof.

"(b) **Information.**—The Commission may secure directly from any Federal department or agency such information as may be necessary to enable the Commission to carry out this title. Upon request of the Chairman of the Commission, the head of such department or agency shall furnish such information to the Commission.

"(c) **Contracts.**—To carry out this title, the Commission may enter into such contracts and other arrangements to such extent or in such amounts as are provided in appropriation Acts, and without regard to the provisions of section 3709 of the Revised Statutes (41 U.S.C. 5) [41 U.S.C.A. § 5]. Contracts and other arrangements may be entered into under this subsection with or without consideration or bond.

"(d) **Applicability of Federal Advisory Committee Act.**—The provisions of the Federal Advisory Committee Act [5 U.S.C.A. App. 2] shall not apply to the Commission.

"**Sec. 206. Commission staff.**

"(a) **Executive director.**—The Chairperson and Vice Chairperson of the Commission shall appoint an executive director. The employment of such executive director shall be subject to confirmation by the Commission.

"(b) **Other personnel.**—The Commission may appoint and terminate the executive director selected under subsection (a) and such other personnel as it considers appropriate to assist in the performance of its duties under this title, without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, and may pay such executive director and other personnel without regard to the provisions of chapter 51 [5 U.S.C.A. § 5101 et seq.] and subchapter 111 [probably means subchapter III] of chapter 53 [5 U.S.C.A. § 5331 et seq.] of such title relating to classification and General Schedule pay rates, except that the rate of pay for such executive director and other personnel may not exceed the rate payable for GS–18 of the General Schedule under section 5332 of such title [5 U.S.C.A. § 5332].

"(c) **Applicability of other federal laws.**—Service of an individual as a member of the Commission or employment of an individual by the Commission on a part-time or full-time basis and with or without compensation shall not be considered as service or employment bringing such individual within the provisions of any Federal law relating to conflicts of interest or otherwise imposing restrictions, requirements, or penalties in relation to the employment of persons, the performance of services, or the payment or receipt of compensation in connection with claims, proceedings, or matters involving the United States. Service as a member of the Commission or as an employee of the Commission, shall not be considered service in an appointive or elective position in the Government for purposes of section 8344 of title 5 [5 U.S.C.A. § 8334], United States Code, or comparable provisions of Federal law.

"(d) **Experts and consultants.**—Subject to such rules as may be prescribed by the Commission, the Chairman of the Commission may procure temporary and intermittent services under section 3109 of title 5 [5 U.S.C.A. § 3109], United States Code, at rates for individuals not to exceed the daily rate payable for GS–18 of the General Schedule under section 5332 of such title [5 U.S.C.A. § 5332].

"**Sec. 207. Sunshine provision.**

"The Commission shall establish procedures to ensure its proceedings are open to the public to the maximum extent practicable.

"**Sec. 208. Termination of the Commission.**

"Ninety days after the Commission submits its recommendations as required by section 204(b)(4) the Commission shall terminate.

"**Sec. 209. Authorization of appropriations.**

"There are authorized to be appropriated to the Commission such sums as may be necessary. Amounts appropriated under this section shall remain available until the day on which the Commission terminates under section 208."

[Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.]

§ 285g–3. Associate Director for Prevention; appointment; function

There shall be in the Institute an Associate Director for Prevention to coordinate and promote the programs in the Institute concerning the prevention of health problems of mothers and children. The Associate Director shall be appointed by the Director of the Institute from individuals who because of their professional training or experience are experts in public health or preventive medicine.

(As amended Nov. 10, 1998, Pub.L. 105–362, Title VI, § 601(a)(1)(E), 112 Stat. 3285.)

HISTORICAL AND STATUTORY NOTES

Amendments

1998 Amendments. Subsec. (a). Pub.L. 105–362, § 601(a)(1)(E)(i), struck out "(a) There" and inserted "There".

Subsec. (b). Pub.L. 105–362, § 601(a)(1)(E)(ii), struck out subsec. (b), which formerly read: "The Associate Director for Prevention shall prepare for inclusion in the bienni-

al report made under section 284b of this title a description of the prevention activities of the Institute, including a description of the staff and resources allocated to those activities."

§ 285g–4. National Center for Medical Rehabilitation Research

(a) Establishment of Center

There shall be in the Institute an agency to be known as the National Center for Medical Rehabilitation Research (hereafter in this section referred to as the "Center"). The Director of the Institute shall appoint a qualified individual to serve as Director of the Center. The Director of the Center shall report directly to the Director of the Institute.

(b) Purpose

The general purpose of the Center is the conduct and support of research and research training (including research on the development of orthotic and prosthetic devices), the dissemination of health information, and other programs with respect to the rehabilitation of individuals with physical disabilities resulting from diseases or disorders of the neurological, musculoskeletal, cardiovascular, pulmonary, or any other physiological system (hereafter in this section referred to as "medical rehabilitation").

(c) Authority of Director

(1) In carrying out the purpose described in subsection (b) of this section, the Director of the Center may—

(A) provide for clinical trials regarding medical rehabilitation;

(B) provide for research regarding model systems of medical rehabilitation;

(C) coordinate the activities of the Center with similar activities of other agencies of the Federal Government, including the other agencies of the National Institutes of Health, and with similar activities of other public entities and of private entities;

(D) support multidisciplinary medical rehabilitation research conducted or supported by more than one such agency;

(E) in consultation with the advisory council for the Institute and with the approval of the Director of NIH—

(i) establish technical and scientific peer review groups in addition to those appointed under section 282(b)(6) of this title; and

(ii) appoint the members of peer review groups established under subparagraph (A); and

(F) support medical rehabilitation research and training centers.

The Federal Advisory Committee Act [5 U.S.C.A. App. 2] shall not apply to the duration of a peer review group appointed under subparagraph (E).

(2) In carrying out this section, the Director of the Center may make grants and enter into cooperative agreements and contracts.

(d) Research Plan

(1) In consultation with the Director of the Center, the coordinating committee established under subsection (e) of this section, and the advisory board established under subsection (f) of this section, the Director of the Institute shall develop a comprehensive plan for the conduct and support of medical rehabilitation research (hereafter in this section referred to as the "Research Plan").

(2) The Research Plan shall—

(A) identify current medical rehabilitation research activities conducted or supported by the Federal Government, opportunities and needs for additional research, and priorities for such research; and

(B) make recommendations for the coordination of such research conducted or supported by the National Institutes of Health and other agencies of the Federal Government.

(3)(A) Not later than 18 months after the date of the enactment of the National Institutes of Health Revitalization Amendments of 1990, the Director of the Institute shall transmit the Research Plan to the Director of NIH, who shall submit the Plan to the President and the Congress.

(B) Subparagraph (A) shall be carried out independently of the process of reporting that is required in sections 283 and 284b of this title.

(4) The Director of the Institute shall periodically revise and update the Research Plan as appropriate, after consultation with the Director of the Center, the coordinating committee established under subsection (e) of this section, and the advisory board established under subsection (f) of this section. A description of any revisions in the Research Plan shall be contained in each report prepared under section 284b of this title by the Director of the Institute.

(e) Medical Rehabilitation Coordinating Committee

(1) The Director of NIH shall establish a committee to be known as the Medical Rehabilitation Coordinating Committee (hereafter in this section referred to as the "Coordinating Committee").

(2) The Coordinating Committee shall make recommendations to the Director of the Institute and the Director of the Center with respect to the content of the Research Plan and with respect to the activities of the Center that are carried out in conjunction with other agencies of the National Institutes of Health and with other agencies of the Federal Government.

(3) The Coordinating Committee shall be composed of the Director of the Center, the Director of the Institute, and the Directors of the National Institute on Aging, the National Institute of Arthritis and Musculoskeletal and Skin Diseases, the National Heart, Lung, and Blood Institute, the National Institute of Neurological Disorders and Stroke, and such other national research institutes and such representatives of other agencies of the Federal Government as the Director of NIH determines to be appropriate.

(4) The Coordinating Committee shall be chaired by the Director of the Center.

(f) National Advisory Board on Medical Rehabilitation Research

(1) Not later than 90 days after the date of the enactment of the National Institutes of Health Revitalization Amendments of 1990, the Director of NIH shall establish a National Advisory Board on Medical Rehabilitation Research (hereafter in this section referred to as the "Advisory Board").

(2) The Advisory Board shall review and assess Federal research priorities, activities, and findings regarding medical rehabilitation research, and shall advise the Director of the Center and the Director of the Institute on the provisions of the Research Plan.

(3)(A) The Director of NIH shall appoint to the Advisory Board 18 qualified representatives of the public who are not officers or employees of the Federal Government. Of such members, 12 shall be representatives of health and scientific disciplines with respect to medical rehabilitation and 6 shall be individuals representing the interests of individuals undergoing, or in need of, medical rehabilitation.

(B) The following officials shall serve as ex officio members of the Advisory Board:

(i) The Director of the Center.

(ii) The Director of the Institute.

(iii) The Director of the National Institute on Aging.

(iv) The Director of the National Institute of Arthritis and Musculoskeletal and Skin Diseases.

(v) The Director of the National Institute on Deafness and Other Communication Disorders.

(vi) The Director of the National Heart, Lung, and Blood Institute.

(vii) The Director of the National Institute of Neurological Disorders and Stroke.

(viii) The Director of the National Institute on Disability and Rehabilitation Research.

(ix) The Commissioner for Rehabilitation Services Administration.

(x) The Assistant Secretary of Defense (Health Affairs).

(xi) The Under Secretary for Health of the Department of Veterans Affairs.

(4) The members of the Advisory Board shall, from among the members appointed under paragraph (3)(A), designate an individual to serve as the chair of the Advisory Board.

(July 1, 1944, c. 373, Title IV, § 452, as added Nov. 16, 1990, Pub.L. 101–613, § 3(a), 104 Stat. 3227, and amended Oct. 9, 1992, Pub.L. 102–405, Title III, § 302(e)(1), 106 Stat. 1985.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Conference Report No. 102–871, see 1992 U.S. Code Cong. and Adm. News, p. 1362.

Change of Name

Reference to the "Chief Medical Director of the Veterans' Administration" deemed to refer to the "Chief Medical Director of the Department of Veterans Affairs" pursuant to section 10 of Pub.L. 100–527, set out as a Department of Veterans Affairs Act note under section 301 of Title 38, Veterans' Benefits.

Reference to the "Chief Medical Director of the Department of Veterans Affairs" deemed to refer to the "Under Secretary for Health of the Department of Veterans Affairs" pursuant to section 302(e) of Pub.L. 102–405, set out as a Change of Name note under section 305 of Title 38, Veterans' Benefits.

§ 285g–5. Research centers with respect to contraception and infertility

(a) Grants and contracts

The Director of the Institute, after consultation with the advisory council for the Institute, shall make grants to, or enter into contracts with, public or nonprofit private entities for the development and operation of centers to conduct activities for the purpose of improving methods of contraception and centers to conduct activities for the purpose of improving methods of diagnosis and treatment of infertility.

(b) Number of centers

In carrying out subsection (a) of this section, the Director of the Institute shall, subject to the extent of amounts made available in appropriations Acts, provide for the establishment of three centers with respect to contraception and for two centers with respect to infertility.

(c) Duties

(1) Each center assisted under this section shall, in carrying out the purpose of the center involved—

(A) conduct clinical and other applied research, including—

(i) for centers with respect to contraception, clinical trials of new or improved drugs and devices for use by males and females (including barrier methods); and

(ii) for centers with respect to infertility, clinical trials of new or improved drugs and devices for the diagnosis and treatment of infertility in males and females;

(B) develop protocols for training physicians, scientists, nurses, and other health and allied health professionals;

(C) conduct training programs for such individuals;

(D) develop model continuing education programs for such professionals; and

(E) disseminate information to such professionals and the public.

(2) A center may use funds provided under subsection (a) of this section to provide stipends for health and allied health professionals enrolled in programs described in subparagraph (C) of paragraph (1), and to provide fees to individuals serving as subjects in clinical trials conducted under such paragraph.

(d) Coordination of information

The Director of the Institute shall, as appropriate, provide for the coordination of information among the centers assisted under this section.

(e) Facilities

Each center assisted under subsection (a) of this section shall use the facilities of a single institution, or be formed from a consortium of cooperating institutions, meeting such requirements as may be prescribed by the Director of the Institute.

(f) Period of support

Support of a center under subsection (a) of this section may be for a period not exceeding 5 years. Such period may be extended for one or more additional periods not exceeding 5 years if the operations of such center have been reviewed by an appropriate technical and scientific peer review group established by the Director and if such group has recommended to the Director that such period should be extended.

(g) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated $30,000,000 for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 and 1996.

(July 1, 1944, c. 373, Title IV, § 452A, as added June 10, 1993, Pub.L. 103–43, Title X, § 1001, 107 Stat. 165.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285g–6. Program regarding obstetrics and gynecology

The Director of the Institute shall establish and maintain within the Institute and intramural laboratory and clinical research program in obstetrics and gynecology.

(July 1, 1944, c. 373, Title IV, § 452B, as added June 10, 1993, Pub.L. 103–43, Title X, § 1011, 107 Stat. 166.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285g–7. Child health research centers

The Director of the Institute shall develop and support centers for conducting research with respect to child health. Such centers shall give priority to the expeditious transfer of advances from basic science to clinical applications and improving the care of infants and children.

(July 1, 1944, c. 373, Title IV, § 452C, as added June 10, 1993, Pub.L. 103–43, Title X, § 1021, 107 Stat. 167.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285g–8. Prospective longitudinal study on adolescent health

(a) In general

Not later than October 1, 1993, the Director of the Institute shall commence a study for the purpose of providing information on the general health and well-being of adolescents in the United States, including, with respect to such adolescents, information on—

(1) the behaviors that promote health and the behaviors that are detrimental to health; and

(2) the influence on health of factors particular to the communities in which the adolescents reside.

(b) Design of study

(1) In general

The study required in subsection (a) of this section shall be a longitudinal study in which a substantial number of adolescents participate as subjects. With respect to the purpose described in such subsection, the study shall monitor the subjects throughout the period of the study to determine the health status of the subjects and any change in such status over time.

(2) Population-specific analyses

The study required in subsection (a) of this section shall be conducted with respect to the population of adolescents who are female, the population of adolescents who are male, various socioeconomic populations of adolescents, and various racial and ethnic populations of adolescents. The study shall be designed and conducted in a manner sufficient to provide for a valid analysis of whether there are significant differences among such populations in health status and whether and to what extent any such differences are due to factors particular to the populations involved.

(c) Coordination with Women's Health Initiative

With respect to the national study of women being conducted by the Secretary and known as the Women's Health Initiative, the Secretary shall ensure that such study is coordinated with the component of the study required in subsection (a) of this section that concerns adolescent females, including coordination in the design of the 2 studies.

(July 1, 1944, c. 373, Title IV, § 452D, as added June 10, 1993, Pub.L. 103–43, Title X, § 1031, 107 Stat. 167.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285g–9. National Institute of Child Health and Human Development; research on fragile X

(a) Expansion and coordination of research activities

The Director of the Institute, after consultation with the advisory council for the Institute, shall expand, intensify, and coordinate the activities of the Institute with respect to research on the disease known as fragile X.

(b) Research centers

(1) In general

The Director of the Institute shall make grants or enter into contracts for the development and operation of centers to conduct research for the purposes of improving the diagnosis and treatment of, and finding the cure for, fragile X.

(2) Number of centers

(A) In general

In carrying out paragraph (1), the Director of the Institute shall, to the extent that amounts are appropriated, and subject to subparagraph (B), provide for the establishment of at least three fragile X research centers.

(B) Peer review requirement

The Director of the Institute shall make a grant to, or enter into a contract with, an entity for purposes of establishing a center under paragraph (1) only if the grant or contract has been recommended after technical and scientific peer review required by regulations under section 289a of this title.

(3) Activities

The Director of the Institute, with the assistance of centers established under paragraph (1), shall conduct and support basic and biomedical research into the detection and treatment of fragile X.

(4) Coordination among centers

The Director of the Institute shall, as appropriate, provide for the coordination of the activities of the centers assisted under this section, including providing for the exchange of information among the centers.

(5) Certain administrative requirements

Each center assisted under paragraph (1) shall use the facilities of a single institution, or be formed from a consortium of cooperating institutions, meeting such requirements as may be prescribed by the Director of the Institute.

(6) Duration of support

Support may be provided to a center under paragraph (1) for a period not exceeding 5 years. Such period may be extended for one or more additional periods, each of which may not exceed 5 years, if the operations of such center have been reviewed by an appropriate technical and scientific peer review group established by the Director and if such group has recommended to the Director that such period be extended.

(7) Authorization of appropriations

For the purpose of carrying out this subsection, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.

(July 1, 1944, c. 373, Title IV, § 452E, as added Oct. 17, 2000, Pub.L. 106–310, Div. A, Title II, § 201, 114 Stat. 1109.)

HISTORICAL AND STATUTORY NOTES

Effective and Applicability Provisions

Section effective Oct. 17, 2000, see section 2901 of Pub.L. 106–310, Div. A, Title XXIX, set out as a note under section 201 of this title.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285g–10. Investment in tomorrow's pediatric researchers

(a) Enhanced support

In order to ensure the future supply of researchers dedicated to the care and research needs of children, the Director of the Institute, after consultation with the Administrator of the Health Resources and Services Administration, shall support activities to provide for—

(1) an increase in the number and size of institutional training grants to institutions supporting pediatric training; and

(2) an increase in the number of career development awards for health professionals who intend to build careers in pediatric basic and clinical research.

(b) Authorization

For the purpose of carrying out subsection (a), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.

(July 1, 1944, c. 373, Title IV, § 452G, as added Oct. 17, 2000, Pub.L. 106–310, Div. A, Title X, § 1002(a), 114 Stat. 1128.)

HISTORICAL AND STATUTORY NOTES

Effective and Applicability Provisions

Section effective Oct. 17, 2000, see section 2901 of Pub.L. 106–310, Div. A, Title XXIX, set out as a note under section 201 of this title.

LIBRARY REFERENCES

American Digest System

Health and Environment ⟹1, 7(3).
Key Number System Topic No. 199.
United States ⟹41, 85.
Key Number System Topic No. 393.

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Health and Environment, see C.J.S. §§ 4, 9, 13.
United States, see C.J.S. §§ 41, 123.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

Subpart 9—National Eye Institute

§ 285i. Purpose of Institute

The general purpose of the National Eye Institute (hereafter in this subpart referred to as the "Institute") is the conduct and support of research, training, health information dissemination, and other programs with respect to blinding eye diseases, visual disorders, mechanisms of visual function, preservation of sight, and the special health problems and requirements of the blind. Subject to section 285i–1 of this title, the Director of the Institute may carry out a program of grants for public and private nonprofit vision research facilities.

(July 1, 1944, c. 373, Title IV, § 455, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 856, and amended June 10, 1993, Pub.L. 103–43, Title XI, § 1101(b), 107 Stat. 169.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1993 Amendments. Pub.L. 103–43, § 1101(b), substituted "Subject to section 285i–1 of this title, the Director" for "The Director".

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

§ 285i–1. Clinical research on eye care and diabetes

(a) Program of grants

The Director of the Institute, in consultation with the advisory council for the Institute, may award research grants to one or more Diabetes Eye Research Institutions for the support of programs in clinical or health services aimed at—

(1) providing comprehensive eye care services for people with diabetes, including a full complement of preventive, diagnostic and treatment procedures;

(2) developing new and improved techniques of patient care through basic and clinical research;

(3) assisting in translation of the latest research advances into clinical practice; and

(4) expanding the knowledge of the eye and diabetes through further research.

(b) Use of funds

Amounts received under a grant awarded under this section shall be used for the following:

(1) Establishing the biochemical, cellular, and genetic mechanisms associated with diabetic eye disease and the earlier detection of pending eye abnormalities. The focus of work under this paragraph shall require that ophthalmologists have training in the most up-to-date molecular and cell biological methods.

(2) Establishing new frontiers in technology, such as video-based diagnostic and research resources, to—

(A) provide improved patient care;

(B) provide for the evaluation of retinal physiology and its affect on diabetes; and

(C) provide for the assessment of risks for the development and progression of diabetic eye disease and a more immediate evaluation of various therapies aimed at preventing diabetic eye disease.

Such technologies shall be designed to permit evaluations to be performed both in humans and in animal models.

(3) The translation of the results of vision research into the improved care of patients with diabetic eye disease. Such translation shall require the application of institutional resources that encompass patient care, clinical research and basic laboratory research.

(4) The conduct of research concerning the outcomes of eye care treatments and eye health education programs as they relate to patients with diabetic eye disease, including the evaluation of regional approaches to such research.

(c) Authorized expenditures

The purposes for which a grant under subsection (a) of this section may be expended include equipment for the research described in such subsection.

(July 1, 1944, c. 373, Title IV, § 456, as added June 10, 1993, Pub.L. 103–43, Title XI, § 1101(a), 107 Stat. 168.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

Subpart 10—National Institute of Neurological Disorders and Stroke

§ 285j–3. Research on multiple sclerosis

The Director of the Institute shall conduct and support research on multiple sclerosis, especially research on effects of genetics and hormonal changes on the progress of the disease.

(July 1, 1944, c. 373, Title IV, § 460, as added June 10, 1993, Pub.L. 103–43, Title XII, § 1201, 107 Stat. 169.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

Subpart 12—National Institute of Environmental Health Sciences

§ 285*l*. Purpose of Institute

The general purpose of the National Institute of Environmental Health Sciences (in this subpart referred to as the "Institute") is the conduct and support of research, training, health information dissemination, and other programs with respect to factors in the environment that affect human health, directly or indirectly.

(July 1, 1944, c. 373, Title IV, § 463, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 857, and amended June 10, 1993, Pub.L. 103–43, Title XIII, § 1301(b), 107 Stat. 170.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1993 Amendments. Pub.L. 103–43, § 1301(b), inserted "(in this subpart referred to as the 'Institute')" after "Sciences".

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

§ 285*l*–1. Applied Toxicological Research and Testing Program

(a) There is established within the Institute a program for conducting applied research and testing regarding toxicology, which program shall be known as the Applied Toxicological Research and Testing Program.

(b) In carrying out the program established under subsection (a) of this section, the Director of the Institute shall, with respect to toxicology, carry out activities—

(1) to expand knowledge of the health effects of environmental agents;

(2) to broaden the spectrum of toxicology information that is obtained on selected chemicals;

(3) to develop and validate assays and protocols, including alternative methods that can reduce or eliminate the use of animals in acute or chronic safety testing;

(4) to establish criteria for the validation and regulatory acceptance of alternative testing and to recommend a process through which scientifically validated alternative methods can be accepted for regulatory use;

(5) to communicate the results of research to government agencies, to medical, scientific, and regulatory communities, and to the public; and

(6) to integrate related activities of the Department of Health and Human Services.

(July 1, 1944, c. 373, Title IV, § 463A, as added June 10, 1993, Pub.L. 103–43, Title XIII, § 1301(a), 107 Stat. 169.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285*l*–2. Definitions

In this Act:

(1) Alternative test method

The term "alternative test method" means a test method that—

(A) includes any new or revised test method; and

(B)(i) reduces the number of animals required;

(ii) refines procedures to lessen or eliminate pain or distress to animals, or enhances animal well-being; or

(iii) replaces animals with non-animal systems or one animal species with a phylogenetically lower animal species, such as replacing a mammal with an invertebrate.

(2) ICCVAM test recommendation

The term "ICCVAM test recommendation" means a summary report prepared by the ICCVAM characterizing the results of a scientific expert peer review of a test method.

(Pub.L. 106–545, § 2, Dec. 19, 2000, 114 Stat. 2721.)

HISTORICAL AND STATUTORY NOTES

References in Text

This Act, referred to in text, means the ICCVAM Authorization Act of 2000, Pub.L. 106–545, Dec. 19, 2000, 114 Stat. 2721, which enacted sections 285*l*–2 to 285*l*–5 of this title.

Codifications

This section was not enacted as part of Title IV of the Public Health Service Act, Act July 1, 1944, c. 373, 58 Stat. 707, which comprises this subchapter.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285*l*–3. Interagency Coordinating Committee on the Validation of Alternative Methods

(a) In general

With respect to the interagency coordinating committee that is known as the Interagency Coordinating Committee on the Validation of Alternative Methods (referred to in this Act as "ICCVAM") and that was established by the Director of the National Institute of Environmental Health Sciences for purposes of section 285*l*–1(b) of this title, the Director of the Institute shall designate such committee as a permanent interagency coordinating committee of the Institute under the National Toxicology Program Interagency Center for the Evaluation of Alternative Toxicological Methods. This Act may not be construed as affecting the authorities of such Director regarding ICCVAM that were in effect on the day before December 19, 2000, except to the extent inconsistent with this Act.

(b) Purposes

The purposes of the ICCVAM shall be to—

(1) increase the efficiency and effectiveness of Federal agency test method review;

(2) eliminate unnecessary duplicative efforts and share experiences between Federal regulatory agencies;

(3) optimize utilization of scientific expertise outside the Federal Government;

(4) ensure that new and revised test methods are validated to meet the needs of Federal agencies; and

(5) reduce, refine, or replace the use of animals in testing, where feasible.

(c) Composition

The ICCVAM shall be composed of the heads of the following Federal agencies (or their designees):

(1) Agency for Toxic Substances and Disease Registry.

(2) Consumer Product Safety Commission.

(3) Department of Agriculture.

(4) Department of Defense.

(5) Department of Energy.

(6) Department of the Interior.

(7) Department of Transportation.

(8) Environmental Protection Agency.

(9) Food and Drug Administration.

(10) National Institute for Occupational Safety and Health.

(11) National Institutes of Health.

(12) National Cancer Institute.

(13) National Institute of Environmental Health Sciences.

(14) National Library of Medicine.

(15) Occupational Safety and Health Administration.

(16) Any other agency that develops, or employs tests or test data using animals, or regulates on the basis of the use of animals in toxicity testing.

(d) Scientific Advisory Committee

(1) Establishment

The Director of the National Institute of Environmental Health Sciences shall establish a Scientific Advisory Committee (referred to in this Act as the "SAC") to advise ICCVAM and the National Toxicology Program Interagency Center for the Evaluation of Alternative Toxicological Methods regarding ICCVAM activities. The activities of the SAC shall be subject to provisions of the Federal Advisory Committee Act.

(2) Membership

(A) In general

The SAC shall be composed of the following voting members:

(i) At least one knowledgeable representative having a history of expertise, development, or evaluation of new or revised or alternative test methods from each of—

(I) the personal care, pharmaceutical, industrial chemicals, or agriculture industry;

(II) any other industry that is regulated by the Federal agencies specified in subsection (c); and

(III) a national animal protection organization established under section 501(c)(3) of the Internal Revenue Code of 1986.

(ii) Representatives (selected by the Director of the National Institute of Environmental Health Sciences) from an academic institution, a State government agency, an international regulatory body, or any corporation developing or marketing new or revised or alternative test methodologies, including contract laboratories.

(B) Nonvoting ex officio members

The membership of the SAC shall, in addition to voting members under subparagraph (A), include as nonvoting ex officio members the agency heads specified in subsection (c) (or their designees).

(e) Duties

The ICCVAM shall, consistent with the purposes described in subsection (b), carry out the following functions:

(1) Review and evaluate new or revised or alternative test methods, including batteries of tests and test screens, that may be acceptable for specific regulatory uses, including the coordination of technical reviews of proposed new or revised or alternative test methods of interagency interest.

(2) Facilitate appropriate interagency and international harmonization of acute or chronic toxicological test protocols that encourage the reduction, refinement, or replacement of animal test methods.

(3) Facilitate and provide guidance on the development of validation criteria, validation studies and processes for new or revised or alternative test methods and

help facilitate the acceptance of such scientifically valid test methods and awareness of accepted test methods by Federal agencies and other stakeholders.

(4) Submit ICCVAM test recommendations for the test method reviewed by the ICCVAM, through expeditious transmittal by the Secretary of Health and Human Services (or the designee of the Secretary), to each appropriate Federal agency, along with the identification of specific agency guidelines, recommendations, or regulations for a test method, including batteries of tests and test screens, for chemicals or class of chemicals within a regulatory framework that may be appropriate for scientific improvement, while seeking to reduce, refine, or replace animal test methods.

(5) Consider for review and evaluation, petitions received from the public that—

(A) identify a specific regulation, recommendation, or guideline regarding a regulatory mandate; and

(B) recommend new or revised or alternative test methods and provide valid scientific evidence of the potential of the test method.

(6) Make available to the public final ICCVAM test recommendations to appropriate Federal agencies and the responses from the agencies regarding such recommendations.

(7) Prepare reports to be made available to the public on its progress under this Act. The first report shall be completed not later than 12 months after December 19, 2000, and subsequent reports shall be completed biennially thereafter.

(Pub.L. 106–545, § 3, Dec. 19, 2000, 114 Stat. 2721.)

HISTORICAL AND STATUTORY NOTES

References in Text

This Act, referred to in text, means the ICCVAM Authorization Act of 2000, Pub.L. 106–545, Dec. 19, 2000, 114 Stat. 2721, which enacted sections 285*l*–2 to 285*l*–5 of this title.

The Federal Advisory Committee Act, referred to in subsec. (d)(1), is Pub.L. 97–463, Oct. 6, 1972, 86 Stat. 770, which is classified to Appendix 2 of Title 5.

Section 501(c)(3) of the Internal Revenue Code of 1986, referred to in subsec. (d)(2)(A)(i)(III), is classified to 26 U.S.C.A. § 501(c)(3).

Codifications

This section was not enacted as part of Title IV of the Public Health Service Act, Act July 1, 1944, c. 373, 58 Stat. 707, which comprises this subchapter.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285*l*–4. Federal agency action

(a) Identification of tests

With respect to each Federal agency carrying out a program that requires or recommends acute or chronic toxicological testing, such agency shall, not later than 180 days after receiving an ICCVAM test recommendation, identify and forward to the ICCVAM any relevant test method specified in a regulation or industry-wide guideline which specifically, or in practice requires, recommends, or encourages the use of an animal acute or chronic toxicological test method for which the ICCVAM test recommendation may be added or substituted.

(b) Alternatives

Each Federal agency carrying out a program described in subsection (a) shall promote and encourage the development and use of alternatives to animal test methods (including batteries of tests and test screens), where appropriate, for the purpose of complying with Federal statutes, regulations, guidelines, or recommendations (in each instance, and for each chemical class) if such test methods are found to be effective for generating data, in an amount and of a scientific value that is at least equivalent to the data generated from existing tests, for hazard identification, dose-response assessment, or risk assessment purposes.

(c) Test method validation

Each Federal agency carrying out a program described in subsection (a) shall ensure that any new or revised acute or chronic toxicity test method, including animal test

methods and alternatives, is determined to be valid for its proposed use prior to requiring, recommending, or encouraging the application of such test method.

(d) Review

Not later than 180 days after receipt of an ICCVAM test recommendation, a Federal agency carrying out a program described in subsection (a) shall review such recommendation and notify the ICCVAM in writing of its findings.

(e) Recommendation adoption

Each Federal agency carrying out a program described in subsection (a), or its specific regulatory unit or units, shall adopt the ICCVAM test recommendation unless such Federal agency determines that—

(1) the ICCVAM test recommendation is not adequate in terms of biological relevance for the regulatory goal authorized by that agency, or mandated by Congress;

(2) the ICCVAM test recommendation does not generate data, in an amount and of a scientific value that is at least equivalent to the data generated prior to such recommendation, for the appropriate hazard identification, dose-response assessment, or risk assessment purposes as the current test method recommended or required by that agency;

(3) the agency does not employ, recommend, or require testing for that class of chemical or for the recommended test endpoint; or

(4) the ICCVAM test recommendation is unacceptable for satisfactorily fulfilling the test needs for that particular agency and its respective congressional mandate.

(Pub.L. 106–545, § 4, Dec. 19, 2000, 114 Stat. 2724.)

HISTORICAL AND STATUTORY NOTES

Codifications

This section was not enacted as part of Title IV of the Public Health Service Act, Act July 1, 1944, c. 373, 58 Stat. 707, which comprises this subchapter.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285*l*–5. Application

(a) Application

This Act shall not apply to research, including research performed using biotechnology techniques, or research related to the causes, diagnosis, treatment, control, or prevention of physical or mental diseases or impairments of humans or animals.

(b) Use of test methods

Nothing in this Act shall prevent a Federal agency from retaining final authority for incorporating the test methods recommended by the ICCVAM in the manner determined to be appropriate by such Federal agency or regulatory body.

(c) Limitation

Nothing in this Act shall be construed to require a manufacturer that is currently not required to perform animal testing to perform such tests. Nothing in this Act shall be construed to require a manufacturer to perform redundant endpoint specific testing.

(d) Submission of tests and data

Nothing in this Act precludes a party from submitting a test method or scientific data directly to a Federal agency for use in a regulatory program.

(Pub.L. 106–545, § 5, Dec. 19, 2000, 114 Stat. 2724.)

HISTORICAL AND STATUTORY NOTES

References in Text

This Act, referred to in text, means the ICCVAM Authorization Act of 2000, Pub.L. 106–545, Dec. 19, 2000, 114 Stat. 2721, which enacted sections 285*l*–2 to 285*l*–5 of this title.

Codifications

This section was not enacted as part of Title IV of the Public Health Service Act, Act July 1, 1944, c. 373, 58 Stat. 707, which comprises this subchapter.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

Subpart 13—National Institute on Deafness and Other Communication Disorders

§ 285m–4. National Institute on Deafness and Other Communication Disorders Advisory Board

(a) Establishment

The Secretary shall establish in the Institute the National Deafness and Other Communication Disorders Advisory Board (hereafter in this section referred to as the "Advisory Board").

(b) Composition; qualifications; appointed and ex officio members

The Advisory Board shall be composed of eighteen appointed members and nonvoting ex officio members as follows:

(1) The Secretary shall appoint—

(A) twelve members from individuals who are scientists, physicians, and other health and rehabilitation professionals, who are not officers or employees of the United States, and who represent the specialties and disciplines relevant to deafness and other communication disorders, including not less than two persons with a communication disorder; and

(B) six members from the general public who are knowledgeable with respect to such disorders, including not less than one person with a communication disorder and not less than one person who is a parent of an individual with such a disorder.

Of the appointed members, not less than five shall by virtue of training or experience be knowledgeable in diagnoses and rehabilitation of communication disorders, education of the hearing, speech, or language impaired, public health, public information, community program development, occupational hazards to communications senses, or the aging process.

(2) The following shall be ex officio members of each Advisory Board:

(A) The Assistant Secretary for Health, the Director of NIH, the Director of the National Institute on Deafness and Other Communication Disorders, the Director of the Centers for Disease Control and Prevention, the Under Secretary for Health of the Department of Veterans Affairs, and the Assistant Secretary of Defense for Health Affairs (or the designees of such officers).

(B) Such other officers and employees of the United States as the Secretary determines necessary for the Advisory Board to carry out its functions.

(c) Compensation

Members of an Advisory Board who are officers or employees of the Federal Government shall serve as members of the Advisory Board without compensation in addition to that received in their regular public employment. Other members of the Board shall receive compensation at rates not to exceed the daily equivalent of the annual rate in effect for grade GS–18 of the General Schedule for each day (including traveltime) they are engaged in the performance of their duties as members of the Board.

(d) Term of office; vacancies

The term of office of an appointed member of the Advisory Board is four years, except that no term of office may extend beyond the expiration of the Advisory Board. Any member appointed to fill a vacancy for an unexpired term shall be appointed for the

remainder of such term. A member may serve after the expiration of the member's term until a successor has taken office. If a vacancy occurs in the Advisory Board, the Secretary shall make an appointment to fill the vacancy not later than 90 days from the date the vacancy occurred.

(e) Chairman

The members of the Advisory Board shall select a chairman from among the appointed members.

(f) Personnel; executive director; professional and clerical staff members; consultants; information and administrative support services and facilities

The Secretary shall, after consultation with and consideration of the recommendations of the Advisory Board, provide the Advisory Board with an executive director and one other professional staff member. In addition, the Secretary shall, after consultation with and consideration of the recommendations of the Advisory Board, provide the Advisory Board with such additional professional staff members, such clerical staff members, such services of consultants, such information, and (through contracts or other arrangements) such administrative support services and facilities, as the Secretary determines are necessary for the Advisory Board to carry out its functions.

(g) Meetings

The Advisory Board shall meet at the call of the chairman or upon request of the Director of the Institute, but not less often than four times a year.

(h) Functions

The Advisory Board shall—

(1) review and evaluate the implementation of the plan prepared under section 285m–1(a) of this title and periodically update the plan to ensure its continuing relevance;

(2) for the purpose of assuring the most effective use and organization of resources respecting deafness and other communication disorders, advise and make recommendations to the Congress, the Secretary, the Director of NIH, the Director of the Institute, and the heads of other appropriate Federal agencies for the implementation and revision of such plan; and

(3) maintain liaison with other advisory bodies related to Federal agencies involved in the implementation of such plan and with key non-Federal entities involved in activities affecting the control of such disorders.

(i) Subcommittee activities; workshops and conferences; collection of data

In carrying out its functions, the Advisory Board may establish subcommittees, convene workshops and conferences, and collect data. Such subcommittees may be composed of Advisory Board members and nonmember consultants with expertise in the particular area addressed by such subcommittees. The subcommittees may hold such meetings as are necessary to enable them to carry out their activities.

(j) Annual report

The Advisory Board shall prepare an annual report for the Secretary which—

(1) describes the Advisory Board's activities in the fiscal year for which the report is made;

(2) describes and evaluates the progress made in such fiscal year in research, treatment, education, and training with respect to the deafness and other communication disorders;

(3) summarizes and analyzes expenditures made by the Federal Government for activities respecting such disorders in such fiscal year; and

(4) contains the Advisory Board's recommendations (if any) for changes in the plan prepared under section 285m–1(a) of this title.

(k) Commencement of existence

The National Deafness and Other Communication Disorders Advisory Board shall be established not later than April 1, 1989.

(July 1, 1944, c. 373, Title IV, § 464D, as added Oct. 28, 1988, Pub.L. 100–553, § 2(4), 102 Stat. 2772, and amended Nov. 18, 1988, Pub.L. 100–690, Title II, § 2613(a)(1), (b)(2), 102 Stat. 4235, 4238; Aug. 16, 1989, Pub.L. 101–93, § 5(b), 103 Stat. 611; Oct. 9, 1992, Pub.L. 102–405, Title III, § 302(e)(1), 106 Stat. 1985; Oct. 27, 1992, Pub.L. 102–531, Title III, § 312(d)(8), 106 Stat. 3504; June 10, 1993, Pub.L. 103–43, Title XX, § 2008(b)(8), 107 Stat. 211.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Conference Report No. 102–871, see 1992 U.S. Code Cong. and Adm. News, p. 1362.

House Report No. 102–318 and House No. 102–318 and House Conference Report No. 102–1019, see 1992 U.S. Code Cong. and Adm. News, p. 3022.

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1993 Amendments. Subsec. (b)(2)(A). Pub.L. 103–43, § 2008(b)(8), substituted "Department of Veterans Affairs" for "Veterans' Administration", which for purposes of codification required no change in text due to prior change of name by section 10 of Pub.L. 100–527, set out as a note under section 301 of Title 38, Veterans' Benefits.

1992 Amendments. Subsec. (b)(2)(A). Pub.L. 102–531, Title III, § 312(d)(8), substituted "Centers for Disease Control and Prevention" for "Centers for Disease Control".

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

Change of Name

Reference to the "Chief Medical Director of the Veterans' Administration" deemed to refer to the "Chief Medical Director of the Department of Veterans Affairs" pursuant to section 10 of Pub.L. 100–527, set out as a Department of Veterans Affairs Act note under section 301 of Title 38, Veterans' Benefits.

Reference to the "Chief Medical Director of the Department of Veterans Affairs" deemed to refer to the "Under Secretary for Health of the Department of Veterans Affairs" pursuant to section 302(e) of Pub.L. 102–405, set out as a Change of Name note under section 305 of Title 38, Veterans' Benefits.

§ 285m–5. Interagency Coordinating Committee

(a) Establishment

The Secretary may establish a committee to be known as the Deafness and Other Communication Disorders Interagency Coordinating Committee (hereafter in this section referred to as the "Coordinating Committee").

(b) Functions

The Coordinating Committee shall, with respect to deafness and other communication disorders—

(1) provide for the coordination of the activities of the national research institutes; and

(2) coordinate the aspects of all Federal health programs and activities relating to deafness and other communication disorders in order to assure the adequacy and technical soundness of such programs and activities and in order to provide for the full communication and exchange of information necessary to maintain adequate coordination of such programs and activities.

(c) Composition

The Coordinating Committee shall be composed of the directors of each of the national research institutes and divisions involved in research with respect to deafness and other communication disorders and representatives of all other Federal departments and agencies whose programs involve health functions or responsibilities relevant to deafness and other communication disorders.

(d) Chairman; meetings

The Coordinating Committee shall be chaired by the Director of NIH (or the designee of the Director). The Committee shall meet at the call of the chair, but not less often than four times a year.

(e) Annual report; recipients of report

Not later than 120 days after the end of each fiscal year, the Coordinating Committee shall prepare and transmit to the Secretary, the Director of NIH, the Director of the Institute, and the advisory council for the Institute a report detailing the activities of the Committee in such fiscal year in carrying out subsection (b) of this section.

(July 1, 1944, c. 373, Title IV, § 464E, as added Oct. 28, 1988, Pub.L. 100–553, § 2(4), 102 Stat. 2774, and Nov. 18, 1988, Pub.L. 100–690, Title II, § 2613(a)(1), 102 Stat. 4237, and amended Nov. 18, 1988, Pub.L. 100–690, Title II, § 2613(b)(2), 102 Stat. 4238; June 10, 1993, Pub.L. 103–43, Title XX, § 2008(b)(9), 107 Stat. 211.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1993 Amendments. Subsec. (d). Pub.L. 103–43, § 2008(b)(9)(A), substituted "The Coordinating Committee shall be" for "The Committee shall be".

Subsec. (e). Pub.L. 103–43, § 2008(b)(9)(B), substituted "the Coordinating Committee shall" for "the Committee shall".

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

§ 285m–6. Limitation on administrative expenses

With respect to amounts appropriated for a fiscal year for the National Institutes of Health, the limitation established in section 284c(a)(1) of this title on the expenditure of such amounts for administrative expenses shall apply to administrative expenses of the National Institute on Deafness and Other Communication Disorders.

(July 1, 1944, c. 373, Title IV, § 464F, as added Oct. 28, 1988, Pub.L. 100–553, § 2(4), 102 Stat. 2774, and Nov. 18, 1988, Pub.L. 100–690, Title II, § 2613(a)(1), 102 Stat. 4238, and amended Nov. 18, 1988, Pub.L. 100–690, Title II, § 2613(b)(2), 102 Stat. 4238; June 10, 1993, Pub.L. 103–43, Title IV, § 403(b)(2), 107 Stat. 158.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1993 Amendments. Pub.L. 103–43, § 403(b)(2), substituted "section 284c(a)(1) of this title" for "section 284c(b)(1) of this title".

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

Subpart 14—National Institute on Alcohol Abuse and Alcoholism

§ 285n. Purpose of Institute

(a) In general

The general purpose of the National Institute on Alcohol Abuse and Alcoholism (hereafter in this subpart referred to as the "Institute") is the conduct and support of biomedical and behavioral research, health services research, research training, and health information dissemination with respect to the prevention of alcohol abuse and the treatment of alcoholism.

(b) Research program

The research program established under this subpart shall encompass the social, behavioral, and biomedical etiology, mental and physical health consequences, and social and economic consequences of alcohol abuse and alcoholism. In carrying out the program, the Director of the Institute is authorized to—

(1) collect and disseminate through publications and other appropriate means (including the development of curriculum materials), information as to, and the practical application of, the research and other activities under the program;

(2) make available research facilities of the Public Health Service to appropriate public authorities, and to health officials and scientists engaged in special study;

(3) make grants to universities, hospitals, laboratories, and other public or nonprofit institutions, and to individuals for such research projects as are recommended by the National Advisory Council on Alcohol Abuse and Alcoholism, giving special consideration to projects relating to—

(A) the relationship between alcohol abuse and domestic violence,

(B) the effects of alcohol use during pregnancy,

(C) the impact of alcoholism and alcohol abuse on the family, the workplace, and systems for the delivery of health services,

(D) the relationship between the abuse of alcohol and other drugs,

(E) the effect on the incidence of alcohol abuse and alcoholism of social pressures, legal requirements respecting the use of alcoholic beverages, the cost of such beverages, and the economic status and education of users of such beverages,

(F) the interrelationship between alcohol use and other health problems,

(G) the comparison of the cost and effectiveness of various treatment methods for alcoholism and alcohol abuse and the effectiveness of prevention and intervention programs for alcoholism and alcohol abuse, and

(H) alcoholism and alcohol abuse among women;

(4) secure from time to time and for such periods as he deems advisable, the assistance and advice of experts, scholars, and consultants from the United States or abroad;

(5) promote the coordination of research programs conducted by the Institute, and similar programs conducted by the National Institute of Drug Abuse and by other departments, agencies, organizations, and individuals, including all National Institutes of Health research activities which are or may be related to the problems of individuals suffering from alcoholism or alcohol abuse or those of their families or the impact of alcohol abuse on other health problems;

(6) conduct an intramural program of biomedical, behavioral, epidemiological, and social research, including research into the most effective means of treatment and service delivery, and including research involving human subjects, which is—

(A) located in an institution capable of providing all necessary medical care for such human subjects, including complete 24-hour medical diagnostic services by or under the supervision of physicians, acute and intensive medical care, including 24-hour emergency care, psychiatric care, and such other care as is determined to be necessary for individuals suffering from alcoholism and alcohol abuse; and

(B) associated with an accredited medical or research training institution;

(7) for purposes of study, admit and treat at institutions, hospitals, and stations of the Public Health Service, persons not otherwise eligible for such treatment;

(8) provide to health officials, scientists, and appropriate public and other nonprofit institutions and organizations, technical advice and assistance on the application of statistical and other scientific research methods to experiments, studies, and surveys in health and medical fields;

(9) enter into contracts under this subchapter without regard to section 3324(a) and (b) of Title 31 and section 5 of Title 41; and

(10) adopt, upon recommendation of the National Advisory Council on Alcohol Abuse and Alcoholism, such additional means as he deems necessary or appropriate to carry out the purposes of this section.

(c) Collaboration

The Director of the Institute shall collaborate with the Administrator of the Substance Abuse and Mental Health Services Administration in focusing the services research activities of the Institute and in disseminating the results of such research to health professionals and the general public.

(d) Funding

(1) Authorization of appropriations

For the purpose of carrying out this subpart, there are authorized to be appropriated $300,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.

(2) Allocation for health services

Of the amounts appropriated under paragraph (1) for a fiscal year, the Director shall obligate not less than 15 percent to carry out health services research relating to alcohol abuse and alcoholism.

(July 1, 1944, c. 373, Title IV, § 464H(a), (c), (d), as added July 10, 1992, Pub.L. 102–321, Title I, § 122(a), (b)(2)(B), 106 Stat. 359, and Title IV, § 464H(b), formerly Title V, § 510(b), formerly Pub.L. 91–616, Title V, § 501(b), as added Pub.L. 94–371, § 7, July 26, 1976, 90 Stat. 1038, and amended Pub.L. 95–622, Title II, § 268(d), Nov. 9, 1978, 92 Stat. 3437; Pub.L. 96–180, § 14(b), Jan. 2, 1980, 93 Stat. 1305; renumbered § 510(b) of Act July 1, 1944 and amended Apr. 26, 1983, Pub.L. 98–24, § 2(b)(9), (A)(ii), (iii), 97 Stat. 179; Oct. 19, 1984, Pub.L. 98–509, Title II, § 205(a)(1), 98 Stat. 2361; renumbered § 464H(b) of Act July 1, 1944 and amended July 10, 1992, Pub.L. 102–321, Title I, § 122(a),(b), 106 Stat. 358, 359; Aug. 26, 1992, Pub.L. 102–352, § 2(a)(1), 106 Stat. 938.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1976 Acts. Senate Report No. 94–705 and House Conference Report No. 94–1285, see 1976 U.S. Code Cong. and Adm. News, p. 1838.

1978 Acts. Senate Report No. 95–838, see 1978 U.S. Code Cong. and Adm. News, p. 9042.

1980 Acts. Senate Report No. 96–103, see 1979 U.S. Code Cong. and Adm. News, p. 2681.

1983 Acts. Senate Report No. 98–29, see 1983 U.S. Code Cong. and Adm. News, p. 503.

1984 Acts. Senate Report No. 98–381 and House Conference Report No. 98–1123, see 1984 U.S. Code Cong. and Adm. News, p. 3994.

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

Codifications

Subsec. (b) of this section was formerly classified to subsec. (b) of section 290bb of this title prior to renumbering by section 122(b)(1) of Pub.L. 102–321.

Section 122(b)(1) of Pub.L. 102–321, renumbering former section 510(b) of Act July 1, 1944, which was classified to section 290bb(b) of this title, as section 464H(b) of Act July 1, 1944, was executed to former section 290bb(b) of this title, despite parenthetical reference to section 290bb–1 of this title, as the probable intent of Congress.

In subsec. (b)(9), "section 3324(a) and (b) of Title 31" was substituted for reference to section 3648 of the Revised Statutes (31 U.S.C. 529) on authority of Pub.L. 97–258, § 4(b), Sept. 13, 1982, 96 Stat. 1067, the first section of which enacted Title 31, Money and Finance.

Subsec. (b) of this section was formerly classified to section 4585(b) of this title prior to renumbering by Pub.L. 98–24.

Amendments

1992 Amendments. Subsec. (a). Pub.L. 102–352, § 2(a)(1), substituted "Institute on Alcohol" for "Institute of Alcohol".

Subsec. (b). Pub.L. 102–321, § 122(b)(1), renumbered section 290bb(b) of this title as subsec. (b) of this section.

Pub.L. 102–321, § 122(b)(2)(A)(i), added subsec. heading and substituted provisions relating to scope of research project under this subpart for provisions relating to program under subsec. (a) of this section, and provisions relating to Director of Institute for provisions relating to Secretary, acting through Institute.

Subsec. (b)(3)(H). Pub.L. 102–321, § 122(b)(2)(A)(ii), substituted "women;" for "women.".

1984 Amendments. Subsec. (b)(3)(H). Pub.L. 98–509, § 205(a)(1), added subpar. (H).

1983 Amendments. Subsec. (b). Pub.L. 98–24, § 2(b)(9), renumbered section 4585(b) of this title as subsec. (b) of this section.

Subsec. (b)(1). Pub.L. 98–24, § 2(b)(9)(A)(ii), substituted "disseminate through publications and other appropriate means (including the development of curriculum materials)" for "make available through publications and other appropriate means".

Subsec. (b)(3). Pub.L. 98–24, § 2(b)(9)(A)(iii), substituted subpars. (A) to (G) for direction for such Council to give special consideration to projects relating to the relationship between alcohol abuse and domestic violence, the effects of alcohol use during pregnancy, the relationship between the abuse of alcohol and other drugs, and the effect on the incidence of alcohol abuse and alcoholism of social pressures, legal requirements respecting the use of alcoholic beverages, the cost of such beverages, and the economic status and education of users of such beverages.

Subsec. (b)(5). Pub.L. 98–24, § 2(b)(9)(A)(iv), added "or the impact of alcohol abuse on other health problems" after "families".

1980 Amendments. Subsec. (b). Pub.L. 96–180, § 14(b), required in par. (3) the Council to give special consideration to relationship of alcohol use and abuse and domestic violence, pregnancy, etc.; extended in par. (5) coordination of research programs to programs conducted by the National Institute of Drug Abuse and similar programs of other departments; autho-

rized in par. (6) intramural program of epidemiological and social research; and provided in par. (8) for technical advice and assistance of application of methods of scientific research.

1978 Amendments. Subsec. (b)(5). Pub.L. 95–622, § 268(d), inserted "or those of their families" following "individuals suffering from alcoholism or alcohol abuse."

Effective and Applicability Provisions

1992 Acts. Section 3 of Pub.L. 102–352 provided that:

"The amendments made by—

"(1) subsection (a) of section 2 [amending this section and sections 285n–2, 285o, 285o–2, 285p, 290aa–1, 290aa–3, 300x–7, 300x–27, 300x–33, 300x–53, and 300y of this title], shall take effect immediately upon the effectuation of the amendments made by titles I and II of the ADAMHA Reorganization Act [Titles I and II of Pub.L. 102–321, July 10, 1992, 106 Stat. 323, for effectuation of which, see section 801 of Pub.L. 102–321, set out as an Effective Date note under section 236 of Title 42, The Public Health and Welfare]; and

"(2) subsections (b) and (c) of section 2 [amending section 290cc–21, 290cc–28, and 290cc–30 of this title, and amending provisions set out as notes under sections 290aa and 300x of this title], shall take effect on the date of enactment of this Act [Aug. 26, 1992]."

Enactment of subsecs. (a), (c) and (d) and amendment of subsec. (b) effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal year 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of Title 42, the Public Health and Welfare.

Alcoholism and Alcohol Abuse Treatment Study

Pub.L. 99–570, Title IV, § 4022, Oct. 27, 1986, 100 Stat. 3207–124, required the Secretary of Health and Human Services, acting through the Director of the National Institute on Alcohol Abuse and Alcoholism, to conduct a study of alternative approaches for alcoholism and alcohol abuse treatment and rehabilitation and of financing alternatives including policies and experiences of third party insurers and State and municipal governments; to recommend policies and programs for research, planning, administration, and reimbursement for treatment and rehabilitation; to request the National Academy of Sciences to conduct such study in consultation with the Director of the National Institute on Alcohol Abuse and Alcoholism under an arrangement entered into with the consent of the Academy that actual expenses of the Academy will be paid by the Secretary and that the Academy would submit a final report to the Secretary no later than 24 months after the arrangement was entered into; and to transmit a final report to Congress no later than 30 days after receiving the Academy's report.

Required Allocations for Health Services Research

Pub.L. 103–43, Title XX, § 2016(b), June 10, 1993, 107 Stat. 218, provided that:

"(1) **In general.**—With respect to the allocation for health services research required in each of the provisions of law specified in paragraph (2), the term '15 percent' appearing in each of such provisions is, in the case of allocations for fiscal year 1993, deemed to be 12 percent.

"(2) **Relevant provisions of law.**—The provisions of law referred to in paragraph (1) are—

"(A) section 464H(d)(2) of the Public Health Service Act, as added by section 122 of Public Law 102–321 (106 Stat. 358) [subsec. (d)(2) of this section];

"(B) section 464L(d)(2) of the Public Health Service Act, as added by section 123 of Public Law 102–321 (106 Stat. 360) [section 285o(d)(2) of this title]; and

"(C) section 464R(f)(2) of the Public Health Service Act, as added by section 124 of Public Law 102–321 (106 Stat. 364) [section 285p(f)(2) of this title]."

Study on Fetal Alcohol Effect and Fetal Alcohol Syndrome

Section 705 of Pub.L. 102–321 provided that:

"(a) **In general.**—The Secretary of Health and Human Services (in this section referred to as the 'Secretary') shall enter into a contract with a public or nonprofit private entity to conduct a study on the prevalence of fetal alcohol effect and fetal alcohol syndrome in the general population of the United States and on the adequacy of Federal efforts to reduce the incidence of such conditions (including efforts regarding appropriate training for health care providers in identifying such effect or syndrome). The Secretary shall ensure that the study—

"(1) describes diagnostic tools for identifying such conditions;

"(2) compares the rate of each of such conditions with the rates of other drug-related congenital conditions;

"(3) evaluates the effectiveness and availability of treatment for such conditions; and

"(4) evaluates the plans of Federal agencies to conduct research on such conditions and determines the adequacy of such plans in relation to the impact on public health of the conditions.

"(b) **National Academy of Sciences.**—The Secretary shall request the National Academy of Sciences to enter into the contract under subsection (a) to conduct the study described in such subsection. If such Academy declines to conduct the study, the Secretary shall carry out such subsection through another public or nonprofit private entity.

"(c) **Report.**—The Secretary shall ensure that, not later than 18 months after the date of the enactment of this Act [July 10, 1992], the study required in subsection (a) is completed and a report describing the findings made as a result of the study is submitted to the Committee on Energy and Commerce of the House of Representatives and to the Committee on Labor and Human Resources of the Senate."

[Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.]

LIBRARY REFERENCES

American Digest System

Chemical dependents; commitment or treatment, see Chemical Dependents ⚷10 et seq. Key Number System Topic No. 76A.

Encyclopedias

Chemical dependents; commitment or treatment in general, see C.J.S. Chemical Dependents § 10.

Commitment of addicts generally, see C.J.S. Chemical Dependents § 10 et seq.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285n–1. Associate Director for Prevention

(a) In general

There shall be in the Institute an Associate Director for Prevention who shall be responsible for the full-time coordination and promotion of the programs in the Institute concerning the prevention of alcohol abuse and alcoholism. The Associate Director shall be appointed by the Director of the Institute from individuals who because of their professional training or expertise are experts in alcohol abuse and alcoholism or the prevention of such.

(b) Biennial report

The Associate Director for Prevention shall prepare for inclusion in the biennial report made under section 284b of this title a description of the prevention activities of the Institute, including a description of the staff and resources allocated to those activities.

(July 1, 1944, c. 373, Title IV, § 464I, as added July 10, 1992, Pub.L. 102–321, Title I, § 122(c), 106 Stat. 359.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

Effective and Applicability Provisions

1992 Acts. Section effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal year 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and conditions under which such awards were made, see section 801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of this title.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285n–2. National Alcohol Research Centers; mandatory grant for research of effects of alcohol on elderly

(a) Designation; procedures applicable for approval of applications

The Secretary acting through the Institute may designate National Alcohol Research Centers for the purpose of interdisciplinary research relating to alcoholism and other

biomedical, behavioral, and social issues related to alcoholism and alcohol abuse. No entity may be designated as a Center unless an application therefor has been submitted to, and approved by, the Secretary. Such an application shall be submitted in such manner and contain such information as the Secretary may reasonably require. The Secretary may not approve such an application unless—

(1) the application contains or is supported by reasonable assurances that—

(A) the applicant has the experience, or capability, to conduct, through biomedical, behavioral, social, and related disciplines, long-term research on alcoholism and other alcohol problems and to provide coordination of such research among such disciplines;

(B) the applicant has available to it sufficient facilities (including laboratory, reference, and data analysis facilities) to carry out the research plan contained in the application;

(C) the applicant has facilities and personnel to provide training in the prevention and treatment of alcoholism and other alcohol problems;

(D) the applicant has the capacity to train predoctoral and postdoctoral students for careers in research on alcoholism and other alcohol problems;

(E) the applicant has the capacity to conduct courses on alcohol problems and research on alcohol problems for undergraduate and graduate students, and for medical and osteopathic, nursing, social work, and other specialized graduate students; and

(F) the applicant has the capacity to conduct programs of continuing education in such medical, legal, and social service fields as the Secretary may require.

(2) the application contains a detailed five-year plan for research relating to alcoholism and other alcohol problems.

(b) Annual grants; amount; limitation on uses

The Secretary shall, under such conditions as the Secretary may reasonably require, make annual grants to Centers which have been designated under this section. No funds provided under a grant under this subsection may be used for the purchase of any land or the purchase, construction, preservation, or repair of any building. For the purposes of the preceding sentence, the term "construction" has the meaning given that term by section 292a(1) of this title. The Secretary shall include in the grants made under this section for fiscal years beginning after September 30, 1981, a grant to a designated Center for research on the effects of alcohol on the elderly.

(July 1, 1944, c. 373, Title IV, § 464J, formerly Title V, § 511, formerly Pub.L. 91–616, Title V, § 503, formerly § 504, as added Pub.L. 94–371, § 7, July 26, 1976, 90 Stat. 1039, and amended Pub.L. 95–622, Title I, § 110(d), Nov. 9, 1978, 92 Stat. 3420; Pub.L. 96–180, § 16, Jan. 2, 1980, 93 Stat. 1305; renumbered § 503 of Pub.L. 91–616 and amended Pub.L. 97–35, Title IX, § 965(b), (c), Aug. 13, 1981, 95 Stat. 594; renumbered § 511 of Act July 1, 1944, and amended Apr. 26, 1983, Pub.L. 98–24, § 2(b)(9), 97 Stat. 179; Oct. 27, 1986, Pub.L. 99–570, Title IV, § 4008, 100 Stat. 3207–115; renumbered § 464J of Act July 1, 1944, and amended July 10, 1992, Pub.L. 102–321, Title I, § 122(d), 106 Stat. 360; Aug. 26, 1992, Pub.L. 102–352, § 2(a)(2), 106 Stat. 938.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1970 Acts. House Report No. 91–1663, see 1970 U.S. Code Cong. and Adm. News, p. 5719.

1976 Acts. Senate Report No. 94–705 and House Conference Report No. 94–1285, see 1976 U.S. Code Cong. and Adm. News, p. 1838.

1978 Acts. Senate Report No. 95–838, see 1978 U.S. Code Cong. and Adm. News, p. 9042.

1980 Acts. Senate Report No. 96–103, see 1979 U.S. Code Cong. and Adm. News, p. 2681.

1981 Acts. Senate Report No. 97–139 and House Conference Report No. 97–208, see 1981 U.S. Code Cong. and Adm. News, p. 396.

1983 Acts. Senate Report No. 98–29, see 1983 U.S. Code Cong. and Adm. News, p. 503.

1986 Acts. Statement by President, see 1986 U.S. Code Cong. and Adm. News, p. 5393.

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

References in Text

Section 292a of this title, referred to in subsec. (b), was in the original a reference to section 701 of Act July 1, 1944. Section 701 of that Act was omitted in the general revision of subchapter V of this chapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994. Pub.L. 102–408 enacted a new section 701 of Act July 1, 1944, relating to statement of purpose, and a new section 702, relating to scope and duration of loan insurance program, which are classified to sections 292 and 292a, respectively, of this title. For provisions relating to definitions, see sections 292o and 295p of this title.

Codifications

Section was formerly classified to section 290bb–1 of this title prior to renumbering by section 122(d)(1) of Pub.L. 102–321.

Section 122(d)(1) of Pub.L. 102–321, renumbering former section 511 of Act July 1, 1944, which was classified to section 290bb–1 of this title, as section 464J of Act July 1, 1944, was executed to former section 290bb–1 of this title, despite parenthetical reference to section 290bb of this title, as the probable intent of Congress.

Section was formerly classified to section 4587 of this title prior to renumbering by Pub.L. 98–24.

Amendment by Pub.L. 99–570, § 4008(1), which directed that subsec. (b) of this section be amended by striking out phrase "or rental" preceding phrase "any land", was incapable of execution as phrase "or rental" preceded phrase "of any land".

Amendments

1992 Amendments. Pub.L. 102–321, § 122(d)(1), renumbered former section 290bb–1 of this title as this section.

Subsec. (b). Pub.L. 102–321, § 122(d)(2), struck "or rental" preceding "of any land".

Pub.L. 102–352, § 2(a)(2), substituted "section 292a(1) of this title" for "section 292a(2) of this title".

1986 Amendments. Subsec. (b). Pub.L. 99–570, § 4008(1), was incapable of execution. See Codification note set out under this section.

1983 Amendments. Pub.L. 98–24, § 2(b)(9), renumbered section 4587 of this title as section 290bb–1 of this title.

Subsec. (a). Pub.L. 98–24, § 2(b)(9)(B)(i), struck out direction that, insofar as practicable, the Secretary approve applications under this subsection in a manner resulting in an equitable geographic distribution of Centers.

Subsec. (b). Pub.L. 98–24, § 2(b)(9)(B)(ii), struck out provision that no annual grant to any Center might exceed $1,500,000.

Pub.L. 98–24, § 2(b)(9)(B)(iii), directed deletion of reference in original to the Public Health Service Act and of parenthetical reference to section 292a of this title. No change in text was required because of prior translation of relevant language as "of this title".

Subsec. (c). Pub.L. 98–24, § 2(b)(9)(B)(iv), struck out subsec. (c), which had authorized $6,000,000 for each of fiscal years ending Sept. 30, 1977, 1978, and 1979, $8,000,000 for the fiscal year ending Sept. 30, 1980, and $9,000,000 for the fiscal year ending Sept. 30, 1981.

1981 Amendments. Pub.L. 97–35 transferred text of former section 4588 of this title to section 4587 of this title and, as so transferred, in subsec. (b) added provisions relating to grants made for fiscal years beginning after Sept. 30, 1981. Former text transferred to section 4588 of this title, which subsequently was reclassified to section 290bb–2 of this title.

1980 Amendments. Subsec. (a). Pub.L. 96–180, § 16(a), substituted: in first sentence "biomedical, behavioral, and social issues related to alcoholism and alcohol abuse" for "alcohol problems"; in par. (1)(B) "facilities (including laboratory, reference, and data analysis facilities) to carry out the research plan contained in the application" for "laboratory facilities and reference services (including reference services that will afford access to scientific alcohol literature)"; and in par. (1)(E) "medical and osteopathic, nursing, social work, and other specialized graduate students; and" for "medical and osteopathic students and physicians;", and added par. (1)(F).

Subsec. (b). Pub.L. 96–180, § 16(b), increased annual grant limitation to $1,500,000 from $1,000,000.

Subsec. (c). Pub.L. 96–180, § 16(c), authorized appropriation of $8,000,000 and $9,000,000 for fiscal years ending Sept. 30, 1980, and 1981.

1978 Amendments. Subsec. (a). Pub.L. 95–622 added provision following par. (2) relating to approval of applications under this subsection by the Secretary in a manner which results in equitable geographic distribution of Centers.

Effective and Applicability Provisions

1992 Acts. Amendment of this section by section 2(a)(2) of Pub.L. 102–352, effective Oct. 1, 1992, except as otherwise provided, see section 3(1) of Pub.L. 102–352, set out in a note under section 285n of Title 42, The Public Health and Welfare.

Amendment by Pub.L. 102–321 effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal years 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of Title 42, The Public Health and Welfare.

LIBRARY REFERENCES

American Digest System

Chemical dependency and its effect in general, see Chemical Dependents ⟹1.
Key Number System Topic No. 76A.
Fiscal management, public debt, and securities; disbursements, see United States ⟹82.
Key Number System Topic No. 393.

Encyclopedias

Commitment of addicts generally, see C.J.S. Chemical Dependents § 10 et seq.
Fiscal management; disbursement of funds, see C.J.S. United States § 122.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

Subpart 15—National Institute on Drug Abuse

§ 285o. Purpose of Institute

(a) In general

The general purpose of the National Institute on Drug Abuse (hereafter in this subpart referred to as the "Institute") is the conduct and support of biomedical and behavioral research, health services research, research training, and health information dissemination with respect to the prevention of drug abuse and the treatment of drug abusers.

(b) Research program

The research program established under this subpart shall encompass the social, behavioral, and biomedical etiology, mental and physical health consequences, and social and economic consequences of drug abuse. In carrying out the program, the Director of the Institute shall give special consideration to projects relating to drug abuse among women (particularly with respect to pregnant women).

(c) Collaboration

The Director of the Institute shall collaborate with the Substance Abuse and Mental Health Services Administration in focusing the services research activities of the Institute and in disseminating the results of such research to health professionals and the general public.

(d) Funding

(1) Authorization of appropriations

For the purpose of carrying out this subpart, other than section 285o–4 of this title, there are authorized to be appropriated $440,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.

(2) Allocation for health services research

Of the amounts appropriated under paragraph (1) for a fiscal year, the Director shall obligate not less than 15 percent to carry out health services research relating to drug abuse.

(July 1, 1944, c. 373, Title IV, § 464L, as added July 10, 1992, Pub.L. 102–321, Title I, § 123(a), 106 Stat. 360, and amended Aug. 26, 1992, Pub.L. 102–352, § 2(a)(3), 106 Stat. 938.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

Amendments

1992 Amendments. Subsec. (d)(1). Pub.L. 102–352, § 2(a)(3), added "other than section 285o–4 of this title," following "this subpart,".

Effective and Applicability Provisions

1992 Acts. Amendment of this section by section 2(a)(3) of Pub.L. 102–352, effective Oct. 1, 1992, except as otherwise provided, see section 3(1) of Pub.L. 102–352, set out in a note under section 285n of Title 42, The Public Health and Welfare.

Section effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal year 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of Title 42, The Public Health and Welfare.

Required Allocations

With respect to the allocation for health services research required in subsec. (d)(2) of this section, the term "15 percent" in the case of the allocations for fiscal year 1993 deemed to be 12 percent, see section 2016(b) of Pub.L. 103–43, set out as a note under section 285n of this title.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285o–1. Associate Director for Prevention

(a) In general

There shall be in the Institute an Associate Director for Prevention who shall be responsible for the full-time coordination and promotion of the programs in the Institute concerning the prevention of drug abuse. The Associate Director shall be appointed by the Director of the Institute from individuals who because of their professional training or expertise are experts in drug abuse and the prevention of such abuse.

(b) Report

The Associate Director for Prevention shall prepare for inclusion in the biennial report made under section 284b of this title a description of the prevention activities of the Institute, including a description of the staff and resources allocated to those activities.

(July 1, 1944, c. 373, Title IV, § 464M, as added July 10, 1992, Pub.L. 102–321, Title I, § 123(b), 106 Stat. 361.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

Effective and Applicability Provisions

1992 Acts. Section effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal years 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of this title.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285o–2. Drug Abuse Research Centers

(a) Authority

The Director of the Institute may designate National Drug Abuse Research Centers for the purpose of interdisciplinary research relating to drug abuse and other biomedical, behavioral, and social issues related to drug abuse. No entity may be designated as a Center unless an application therefore has been submitted to, and approved by, the Secretary. Such an application shall be submitted in such manner and contain such information as the Secretary may reasonably require. The Secretary may not approve such an application unless—

(1) the application contains or is supported by reasonable assurances that—

(A) the applicant has the experience, or capability, to conduct, through biomedical, behavioral, social, and related disciplines, long-term research on drug abuse and to provide coordination of such research among such disciplines;

(B) the applicant has available to it sufficient facilities (including laboratory, reference, and data analysis facilities) to carry out the research plan contained in the application;

(C) the applicant has facilities and personnel to provide training in the prevention and treatment of drug abuse;

(D) the applicant has the capacity to train predoctoral and postdoctoral students for careers in research on drug abuse;

(E) the applicant has the capacity to conduct courses on drug abuse problems and research on drug abuse for undergraduate and graduate students, and medical and osteopathic, nursing, social work, and other specialized graduate students; and

(F) the applicant has the capacity to conduct programs of continuing education in such medical, legal, and social service fields as the Secretary may require.

(2) the application contains a detailed five-year plan for research relating to drug abuse.

(b) Grants

The Director of the Institute shall, under such conditions as the Secretary may reasonably require, make annual grants to Centers which have been designated under this section. No funds provided under a grant under this subsection may be used for the purchase of any land or the purchase, construction, preservation, or repair of any building. For the purposes of the preceding sentence, the term "construction" has the meaning given that term by section 292a(1) of this title.

(c) Methamphetamine research

(1) Grants or cooperative agreements

The Director of the Institute may make grants or enter into cooperative agreements to expand the current and on-going interdisciplinary research and clinical trials with treatment centers of the National Drug Abuse Treatment Clinical Trials Network relating to methamphetamine abuse and addiction and other biomedical, behavioral, and social issues related to methamphetamine abuse and addiction.

(2) Use of funds

Amounts made available under a grant or cooperative agreement under paragraph (1) for methamphetamine abuse and addiction may be used for research and clinical trials relating to—

(A) the effects of methamphetamine abuse on the human body, including the brain;

(B) the addictive nature of methamphetamine and how such effects differ with respect to different individuals;

(C) the connection between methamphetamine abuse and mental health;

(D) the identification and evaluation of the most effective methods of prevention of methamphetamine abuse and addiction;

(E) the identification and development of the most effective methods of treatment of methamphetamine addiction, including pharmacological treatments;

(F) risk factors for methamphetamine abuse;

(G) effects of methamphetamine abuse and addiction on pregnant women and their fetuses; and

(H) cultural, social, behavioral, neurological and psychological reasons that individuals abuse methamphetamine, or refrain from abusing methamphetamine.

(3) Research results

The Director shall promptly disseminate research results under this subsection to Federal, State and local entities involved in combating methamphetamine abuse and addiction.

(4) Authorization of appropriations

(A) Authorization of appropriations

There is authorized to be appropriated to carry out paragraph (1), such sums as may be necessary for each fiscal year.

(B) Supplement not supplant

Amounts appropriated pursuant to the authorization of appropriations in subparagraph (A) for a fiscal year shall supplement and not supplant any other amounts appropriated in such fiscal year for research on methamphetamine abuse and addiction.

(July 1, 1944, c. 373, Title IV, § 464N, as added July 10, 1992, Pub.L. 102–321, Title I, § 123(b), 106 Stat. 361, and amended Aug. 26, 1992, Pub.L. 102–352, § 2(a)(4), 106 Stat. 938; Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXVI, § 3631, 114 Stat. 1235.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

References in Text

Section 292a of this title, referred to in subsec. (b), was in the original a reference to section 701 of Act July 1, 1944. Section 701 of that Act was omitted in the general revision of subchapter V of this chapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994. Pub.L. 102–408 enacted a new section 701 of Act July 1, 1944, relating to statement of purpose, and a new section 702, relating to scope and duration of loan insurance program, which are classified to sections 292 and 292a, respectively, of this title. For provisions relating to definitions, see sections 292o and 295p of this title.

Amendments

2000 Amendments. Subsec. (c). Pub.L. 106–310, § 3631, added subsec. (c).

1992 Amendments. Subsec. (b). Pub.L. 102–352, § 2(a)(4), substituted "292a(1) of this title" for "292a(2) of this title". Such change had already been editorially executed, thus requiring no further change in text.

Effective and Applicability Provisions

1992 Acts. Amendment of this section by section 2(a)(4) of Pub.L. 102–352, effective Oct. 1, 1992, except as otherwise provided, see section 3(1) of Pub.L. 102–352, set out in a note under section 285n of Title 42, The Public Health and Welfare.

Section effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal years 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of Title 42, The Public Health and Welfare.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285o–3. Office on AIDS

The Director of the Institute shall establish within the Institute an Office on AIDS. The Office shall be responsible for the coordination of research and determining the direction of the Institute with respect to AIDS research related to—

(1) primary prevention of the spread of HIV, including transmission via drug abuse;

(2) drug abuse services research; and

(3) other matters determined appropriate by the Director.

(July 1, 1944, c. 373, Title IV, § 464*O*, as added July 10, 1992, Pub.L. 102–321, Title I, § 123(b), 106 Stat. 362.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

Effective and Applicability Provisions

1992 Acts. Section effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal years 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of this title.

Study of Programs Providing Sterile Hypodermic Needles and Bleach to Certain High-Risk Individuals

Section 706 of Pub.L. 102–321 provided that:

"**(a) In general.**—In the case of programs in the United States that provide both sterile hypodermic needles and bleach to individuals in order to provide for a reduction in the risk of the individuals contracting acquired immune deficiency syndrome or related conditions, the Secretary of Health and Human Services (in this section referred to as the 'Secretary'), acting through the Director of the National Institute on Drug Abuse, shall enter into a contract with a public or nonprofit private entity, subject to subsection (b), for the purpose of conducting a study or studies to make determinations of the following:

"(1) The extent to which the programs promote, directly or indirectly, the abuse of drugs through providing information or devices (or both) regarding the manner in which the adverse health consequences of such abuse can be minimized.

"(2) In the case of individuals participating in the programs, the number of individuals who have engaged in the abuse of drugs prior to admission to the programs and the number of individuals who have not engaged in such abuse prior to such admission.

"(3) The extent to which participation in the programs has altered any behaviors constituting a substantial risk of contracting acquired immune deficiency syndrome or hepatitis, or of transmitting either of the diseases.

"(4) The number of programs that provide referrals for the treatment of such abuse and the number of programs that do not provide such referrals.

"(5) The extent to which programs safely dispose of used hypodermic syringes and needles.

"(b) **National Academy of Sciences.**—The Secretary shall request the National Academy of Sciences to enter into the contract under subsection (a) to conduct the study or studies described in such subsection. If such Academy declines to conduct the study, the Secretary shall carry out such subsection through other public or nonprofit private entities.

"(c) **Limitation regarding existing programs.**—The study required in subsection (a) may not be conducted with respect to programs established after the date of the enactment of this Act [July 10, 1992].

"(d) **Date for completion.**—The Secretary shall ensure that, not later than 18 months after the date of the enactment of this Act [July 10, 1992] the study required in subsection (a) is completed and a report describing the findings made as a result of the study is submitted to the Committee on Energy and Commerce of the House of Representatives and to the Committee on Labor and Human Resources of the Senate.

"(e) **Funding.**—Of the aggregate amounts appropriated under the Public Health Service Act [this chapter] for fiscal years 1993 and 1994 for research on drug abuse, the Secretary shall make available $5,000,000 for conducting the study required in subsection (a)."

[Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.]

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285o–4. Medication Development Program

(a) Establishment

There is established in the Institute a Medication Development Program through which the Director of such Institute shall—

(1) conduct periodic meetings with the Commissioner of Food and Drugs to discuss measures that may facilitate the approval process of drug abuse treatments;

(2) encourage and promote (through grants, contracts, international collaboration, or otherwise) expanded research programs, investigations, experiments, community trials, and studies, into the development and use of medications to treat drug addiction;

(3) establish or provide for the establishment of research facilities;

(4) report on the activities of other relevant agencies relating to the development and use of pharmacotherapeutic treatments for drug addiction;

(5) collect, analyze, and disseminate data useful in the development and use of pharmacotherapeutic treatments for drug addiction and collect, catalog, analyze, and disseminate through international channels, the results of such research;

(6) directly or through grants, contracts, or cooperative agreements, support training in the fundamental sciences and clinical disciplines related to the pharmacotherapeutic treatment of drug abuse, including the use of training stipends, fellowships, and awards where appropriate; and

(7) coordinate the activities conducted under this section with related activities conducted within the National Institute on Alcohol Abuse and Alcoholism, the National Institute of Mental Health, and other appropriate institutes and shall consult with the Directors of such Institutes.

(b) Duties

In carrying out the activities described in subsection (a) of this section the Director of the Institute—

(1) shall collect and disseminate through publications and other appropriate means, information pertaining to the research and other activities under this section;

(2) shall make grants to or enter into contracts and cooperative agreements with individuals and public and private entities to further the goals of the program;

(3) may, in accordance with section 289e of this title, and in consultation with the National Advisory Council on Drug Abuse, acquire, construct, improve, repair, operate, and maintain pharmacotherapeutic research centers, laboratories, and other necessary facilities and equipment, and such other real or personal property as the Director determines necessary, and may, in consultation with such Advisory Council, make grants for the construction or renovation of facilities to carry out the purposes of this section;

(4) may accept voluntary and uncompensated services;

(5) may accept gifts, or donations of services, money, or property, real, personal, or mixed, tangible or intangible; and

(6) shall take necessary action to ensure that all channels for the dissemination and exchange of scientific knowledge and information are maintained between the Institute and the other scientific, medical, and biomedical disciplines and organizations nationally and internationally.

(c) Report

(1) In general

Not later than December 31, 1992, and each December 31 thereafter, the Director of the Institute shall submit to the Office of National Drug Control Policy established under section 1501 of Title 21 a report, in accordance with paragraph (3), that describes the objectives and activities of the program assisted under this section.

(2) National Drug Control Strategy

The Director of National Drug Control Policy shall incorporate, by reference or otherwise, each report submitted under this subsection in the National Drug Control Strategy submitted the following February 1 under section 1504 of Title 21.

(d) "Pharmacotherapeutics" defined

For purposes of this section, the term "pharmacotherapeutics" means medications used to treat the symptoms and disease of drug abuse, including medications to—

(1) block the effects of abused drugs;

(2) reduce the craving for abused drugs;

(3) moderate or eliminate withdrawal symptoms;

(4) block or reverse the toxic effect of abused drugs; or

(5) prevent relapse in persons who have been detoxified from drugs of abuse.

(e) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated $85,000,000 for fiscal year 1993, and $95,000,000 for fiscal year 1994.

(July 1, 1944, c. 373, Title IV, § 464P, as added July 10, 1992, Pub.L. 102–321, Title I, § 123(b), 106 Stat. 362, and amended June 10, 1993, Pub.L. 103–43, Title XX, § 2008(b)(10), 107 Stat. 211.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1993 Amendments. Subsec. (b)(6). Pub.L. 103–43, § 2008(b)(10), substituted "Institute" for "Administration".

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

1992 Acts. Section effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal years 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms

and conditions upon which such awards were made, see section 801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of this title.

Report by Institute on Medicine

Section 701 of Pub.L. 102–321 provided that:

"(a) **Study.**—The Secretary of Health and Human Services shall enter into a contract with a public or nonprofit private entity to conduct a study concerning

"(1) the role of the private sector in the development of anti-addiction medications, including legislative proposals designed to encourage private sector development of such medications;

"(2) the process by which anti-addiction medications receive marketing approval from the Food and Drug Administration, including an assessment of the feasibility of expediting the marketing approval process in a manner consistent with maintaining the safety and effectiveness of such medications;

"(3) with respect to pharmacotherapeutic treatments for drug addiction—

"(A) recommendations with respect to a national strategy for developing such treatments and improvements in such strategy;

"(B) the state of the scientific knowledge concerning such treatments; and

"(C) an assessment of the progress toward the development of safe, effective pharmacological treatments for drug addiction; and

"(4) other related information determined appropriate by the authors of the study.

"(b) **National Academy of Sciences.**—The Secretary of Health and Human Services shall request the Institute of Medicine of the National Academy of Sciences to enter into the contract under subsection (a) to conduct the study described in such subsection. If such Academy declines to conduct the study, the Secretary shall carry out such subsection through another public or nonprofit private entity.

"(c) **Report.**—The Secretary of Health and Human Services shall ensure that, not later than 18 months after the date of enactment of this Act [July 10, 1992], the study required in subsection (a) is completed and a report describing the findings made as a result of the study is submitted to the Committee on Energy and Commerce of the House of Representatives and to the Committee on Labor and Human Resources of the Senate.

"(d) **Availability.**—The report prepared under subsection (c) shall be made available for use by the general public."

[Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.]

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

Subpart 16—National Institute of Mental Health

§ 285p. Purpose of Institute

(a) In general

The general purpose of the National Institute of Mental Health (hereafter in this subpart referred to as the "Institute") is the conduct and support of biomedical and behavioral research, health services research, research training, and health information dissemination with respect to the cause, diagnosis, treatment, control and prevention of mental illness.

(b) Research program

The research program established under this subpart shall include support for biomedical and behavioral neuroscience and shall be designed to further the treatment and prevention of mental illness, the promotion of mental health, and the study of the psychological, social and legal factors that influence behavior.

(c) Collaboration

The Director of the Institute shall collaborate with the Administrator of the Substance Abuse and Mental Health Services Administration in focusing the services research

activities of the Institute and in disseminating the results of such research to health professionals and the general public.

(d) Information with respect to suicide

(1) In general

The Director of the Institute shall—

(A) develop and publish information with respect to the causes of suicide and the means of preventing suicide; and

(B) make such information generally available to the public and to health professionals.

(2) Youth suicide

Information described in paragraph (1) shall especially relate to suicide among individuals under 24 years of age.

(e) Associate Director for special populations

(1) In general

The Director of the Institute shall designate an Associate Director for Special Populations.

(2) Duties

The Associate Director for Special Populations shall—

(A) develop and coordinate research policies and programs to assure increased emphasis on the mental health needs of women and minority populations;

(B) support programs of basic and applied social and behavioral research on the mental health problems of women and minority populations;

(C) study the effects of discrimination on institutions and individuals, including majority institutions and individuals;

(D) support and develop research designed to eliminate institutional discrimination; and

(E) provide increased emphasis on the concerns of women and minority populations in training programs, service delivery programs, and research endeavors of the Institute.

(f) Funding

(1) Authorization of appropriations

For the purpose of carrying out this subpart, there are authorized to be appropriated $675,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.

(2) Allocation for health services research

Of the amounts appropriated under paragraph (1) for a fiscal year, the Director shall obligate not less than 15 percent to carry out health services research relating to mental health.

(July 1, 1944, c. 373, Title IV, § 464R, as added July 10, 1992, Pub.L. 102–321, Title I, § 124(a), 106 Stat. 364, and amended Aug. 26, 1992, Pub.L. 102–352, § 2(a)(5), 106 Stat. 938.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

Amendments

1992 Amendments. Subsec. (f)(1). Pub.L. 102–352, substituted "For the purpose of carrying out this subpart," for "For the purpose of carrying out this subpart other than section 285o–4 of this title,".

Effective and Applicability Provisions

1992 Acts. Amendment of this section by section 2(a)(5) of Pub.L. 102–352, effective Oct. 1, 1992, except as otherwise provided, see section 3(1) of Pub.L. 102–352, set out in a note under section 285n of Title 42, The Public Health and Welfare.

Section effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal years 1993 and subsequent years effective

on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of Title 42, The Public Health and Welfare.

Required Allocations

With respect to the allocation for health services research required in subsec. (f)(2) of this section, the term "15 percent" in the case of the allocations for fiscal year 1993 deemed to be 12 percent, see section 2016(b) of Pub.L. 103–43, set out as a note under section 285n of this title.

Study of Barriers to Insurance Coverage of Treatment for Mental Illness and Substance Abuse

Section 704 of Pub.L. 102–321 provided that:

"(a) **In general.**—The Secretary of Health and Human Services, acting through the Director of the National Institute of Mental Health and in consultation with the Administrator of the Health Care Financing Administration, shall conduct a study of the barriers to insurance coverage for the treatment of mental illness and substance abuse. The study shall include—

"(1) an assessment of the effect of managed care on the quality and financing of such treatment;

"(2) an assessment of the appropriateness and cost effectiveness of treatment provided in non-profit, non-hospital settings; and

"(3) an assessment of the need for equitable coverage of severe mental illnesses as part of national health care reform.

"(b) **Assessment regarding mental illness.**—In making an assessment under paragraph (3) of subsection (a), the study required in such subsection shall provide for the following:

"(1) The clarification of what is meant by mental health coverage differentiating between the need of individuals with severe, long-term mental illnesses and individuals with mental health problems of situational nature.

"(2) Identification of the particular treatments and services required by persons with severe mental illnesses to maintain optimum functioning in the community.

"(3) Evaluation of various approaches to providing equitable coverage of severe mental illnesses in private insurance and public health care financing programs. These approaches should include the following:

"(A) The diagnostic approach as exemplified by certain State legislation (e.g., California State Code, section 101123.15; Texas Employers Uniform Group Insurance Benefits Act, section 11.106–11.113 (Insurance for Serious Mental Illnesses); and Maine, H.P. 1064: An Act to provide equitable insurance coverage for mental illnesses).

"(B) The Service-Based Approach, as exemplified in the Model Mental Health Benefit developed the auspices of NIMH Grant MH43703.

"(C) The Functional (Severity of Disability) Approach.

"(4) Evaluation of the cost benefit to insurers and the Federal Government of providing equal coverage for severe mental illness.

"(5) Financing mechanisms for coverage of the rehabilitative and long-term care needs of persons with severe mental illnesses.

"(c) **Report to Congress.**—Not later than October 1, 1993, the Secretary shall complete the study required in subsection (a) and submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report describing the findings made as a result of the study."

[Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.]

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285p–1. Associate Director for Prevention

(a) In general

There shall be in the Institute an Associate Director for Prevention who shall be responsible for the full-time coordination and promotion of the programs in the Institute concerning the prevention of mental disorder. The Associate Director shall be appointed by the Director of the Institute from individuals who because of their professional training or expertise are experts in mental disorder and the prevention of such.

(b) Report

The Associate Director for Prevention shall prepare for inclusion in the biennial report made under section 284b of this title a description of the prevention activities of the Institute, including a description of the staff and resources allocated to those activities.

(July 1, 1944, c. 373, Title IV, § 464S, as added July 10, 1992, Pub.L. 102–321, Title I, § 124(b), 106 Stat. 365.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong and Adm. News, p. 277.

Effective and Applicability Provisions

1992 Acts. Section effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal years 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of this title.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285p–2. Office of Rural Mental Health Research

(a) In general

There is established within the Institute an office to be known as the Office of Rural Mental Health Research (hereafter in this section referred to as the "Office"). The Office shall be headed by a director, who shall be appointed by the Director of such Institute from among individuals experienced or knowledgeable in the provision of mental health services in rural areas. The Secretary shall carry out the authorities established in this section acting through the Director of the Office.

(b) Coordination of activities

The Director of the Office, in consultation with the Director of the Institute and with the Director of the Office of Rural Health Policy, shall—

(1) coordinate the research activities of the Department of Health and Human Services as such activities relate to the mental health of residents of rural areas; and

(2) coordinate the activities of the Office with similar activities of public and nonprofit private entities.

(c) Research, demonstrations, evaluations, and dissemination

The Director of the Office may, with respect to the mental health of adults and children residing in rural areas—

(1) conduct research on conditions that are unique to the residents of rural areas, or more serious or prevalent in such residents;

(2) conduct research on improving the delivery of services in such areas; and

(3) disseminate information to appropriate public and nonprofit private entities.

(d) Authority regarding grants and contracts

The Director of the Office may carry out the authorities established in subsection (c) of this section directly and through grants, cooperative agreements, or contracts with public or nonprofit private entities.

(e) Report to Congress

Not later than February 1, 1993, and each fiscal year thereafter, the Director shall submit to the Subcommittee on Health and the Environment of the Committee on Energy and Commerce (of the House of Representatives), and to the Committee on Labor and Human Resources (of the Senate), a report describing the activities of the

Office during the preceding fiscal year, including a summary of the activities of demonstration projects and a summary of evaluations of the projects.

(July 1, 1944, c. 373, Title IV, § 464T, as added July 10, 1992, Pub.L. 102–321, Title I, § 124(b), 106 Stat. 365.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

Effective and Applicability Provisions

1992 Acts. Section effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal years 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of this title.

Change of Name

Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285p–3. Office on AIDS

The Director of the Institute shall establish within the Institute an Office on AIDS. The Office shall be responsible for the coordination of research and determining the direction of the Institute with respect to AIDS research related to—

(1) primary prevention of the spread of HIV, including transmission via sexual behavior;

(2) mental health services research; and

(3) other matters determined appropriate by the Director.

(July 1, 1944, c. 373, Title IV, § 464U, as added July 10, 1992, Pub.L. 102–321, Title I, § 124(b), 106 Stat. 366.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

Effective and Applicability Provisions

1992 Acts. Section effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal years 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of this title.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

Subpart 17—National Institute of Nursing Research

HISTORICAL AND STATUTORY NOTES

Amendments

1993 Amendments. Pub.L. 103–43, Title XV, § 1511(b)(3)(A), June 10, 1993, 107 Stat. 179, added subpart 17 designation and heading.

§ 285q. Purpose of Institute

The general purpose of the National Institute of Nursing Research (in this subpart referred to as the "Institute") is the conduct and support of, and dissemination of information respecting, basic and clinical nursing research, training, and other programs in patient care research.

(July 1, 1944; c. 373, Title IV, § 464V, formerly § 483, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 867, renumbered § 464V of Act July 1, 1944, and amended June 10, 1993, Pub.L. 103–43, Title XV, § 1511(a)(1), (b)(2), 107 Stat. 178, 179.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1985 Acts. House Report No. 99–158 and House Conference Report No. 99–309, see 1985 U.S. Code Cong. and Adm. News, p. 672.

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Codifications

Section was formerly classified to section 287c of this title prior to renumbering and transfer by section 1511(b)(2) of Pub.L. 103–43.

Amendments

1993 Amendments. Pub.L. 103–43, § 1511(a)(1), in the heading substituted "Institute" for "Center" and in text "National Institute of Nursing Research (in this subpart referred to as the 'Institute')" for "National Center for Nursing Research (hereafter in the subpart referred to as the 'Center')".

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

Study on Adequacy of Number of Nurses

Section 1512 of Pub.L. 103–43 provided that:

"**(a) In general.**—The Secretary of Health and Human Services, acting through the Director of the National Institute of Nursing Research, shall enter into a contract with a public or nonprofit private entity to conduct a study for the purpose of determining whether and to what extent there is a need for an increase in the number of nurses in hospitals and nursing homes in order to promote the quality of patient care and reduce the incidence among nurses of work-related injuries and stress.

"**(b) National Academy of Sciences.**—The Secretary shall request the Institute of Medicine of the National Academy of Sciences to enter into the contract under subsection (a) to conduct the study described in such subsection. If such Institute declines to conduct the study, the Secretary shall carry out such subsection through another public or nonprofit private entity.

"**(c) Definitions.**—For purposes of this section:

"(1) The term 'nurse' means a registered nurse, a licensed practical nurse, a licensed vocational nurse, and a nurse assistant.

"(2) The term 'Secretary' means the Secretary of Health and Human Services.

"**(d) Report.**—The Secretary shall ensure that, not later than 18 months after the date of the enactment of this Act [June 10, 1993], the study required in subsection (a) is completed and a report describing the findings made as a result of the study is submitted to the Committee on Energy and Commerce of the House of Representatives and to the Committee on Labor and Human Resources of the Senate."

[Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.]

LIBRARY REFERENCES

American Digest System

Authority and duties of health officers and agents, see Health and Environment ⟹7(3).
Key Number System Topic No. 199.

Health and environment; national board, see Health and Environment ⟹1.
Key Number System Topic No. 199.

Encyclopedias

Authority and duties of health boards, departments, and offices, see C.J.S. Health and Environment § 13.

Health and environment; duty and power of federal government, see C.J.S. Health and Environment § 4.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285q–1. Specific authorities

To carry out section 285q of this title, the Director of the Institute may provide research training and instruction and establish, in the Institute and other nonprofit institutions, research traineeships and fellowships in the study and investigation of the prevention of disease, health promotion, and the nursing care of individuals with and the families of individuals with acute and chronic illnesses. The Director of the Institute may provide individuals receiving such training and instruction or such traineeships or fellowships with such stipends and allowances (including amounts for travel and subsistence and dependency allowances) as the Director determines necessary. The Director may make grants to nonprofit institutions to provide such training and instruction and traineeships and fellowships.

(July 1, 1944, c. 373, Title IV, § 464W, formerly § 484, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 867, renumbered § 464W of Act July 1, 1944, and amended June 10, 1993, Pub.L. 103–43, Title XV, § 1511(a)(2), (b)(2), (4)(A), 107 Stat. 178, 179.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1985 Acts. House Report No. 99–158 and House Conference Report No. 99–309, see 1985 U.S. Code Cong. and Adm. News, p. 672.

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Codifications

Section was formerly classified to section 287c–1 of this title prior to renumbering and transfer by section 1511(b)(2) of Pub.L. 103–43.

Amendments

1993 Amendments. Pub.L. 103–43, § 1511(a)(2), substituted "Institute" for "Center" wherever appearing.

Pub.L. 103–43, § 1511(b)(4)(A), substituted "section 285q of this title" for "section 287c of this title".

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

LIBRARY REFERENCES

American Digest System

Authority and duties of health officers and agents, see Health and Environment ⚷7(3).
Key Number System Topic No. 199.

Health and environment; national board, see Health and Environment ⚷1.
Key Number System Topic No. 199.

Encyclopedias

Authority and duties of health boards, departments, and offices, see C.J.S. Health and Environment § 13.

Health and environment; duty and power of federal government, see C.J.S. Health and Environment § 4.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285q–2. Advisory council

(a) Appointment; functions and duties; acceptance of conditional gifts; subcommittees

(1) The Secretary shall appoint an advisory council for the Institute which shall advise, assist, consult with, and make recommendations to the Secretary and the Director of the Institute on matters related to the activities carried out by and through the Institute and the policies respecting such activities.

(2) The advisory council for the Institute may recommend to the Secretary acceptance, in accordance with section 238 of this title, of conditional gifts for study, investigations, and research and for the acquisition of grounds or construction, equipping, or maintenance of facilities for the Institute.

(3) The advisory council for the Institute—

(A)(i) may make recommendations to the Director of the Institute respecting research conducted at the Institute,

(ii) may review applications for grants and cooperative agreements for research or training and recommend for approval applications for projects which show promise of making valuable contributions to human knowledge, and

(iii) may review any grant, contract, or cooperative agreement proposed to be made or entered into by the Institute;

(B) may collect, by correspondence or by personal investigation, information as to studies which are being carried on in the United States or any other country as to the diseases, disorders, or other aspects of human health with respect to which the Institute is concerned and with the approval of the Director of the Institute make available such information through appropriate publications for the benefit of public and private health entities and health professions personnel and scientists and for the information of the general public; and

(C) may appoint subcommittees and convene workshops and conferences.

(b) Membership; ex officio members; compensation

(1) The advisory council shall consist of ex officio members and not more than eighteen members appointed by the Secretary.

(2) The ex officio members of the advisory council shall consist of—

(A) the Secretary, the Director of NIH, the Director of the Institute, the chief nursing officer of the Department of Veterans Affairs, the Assistant Secretary of Defense for Health Affairs, the Director of the Division of Nursing of the Health Resources and Services Administration (or the designees of such officers), and

(B) such additional officers or employees of the United States as the Secretary determines necessary for the advisory council to effectively carry out its functions.

(3) The members of the advisory council who are not ex officio members shall be appointed as follows:

(A) Two-thirds of the members shall be appointed by the Secretary from among the leading representatives of the health and scientific disciplines (including public health and the behavioral or social sciences) relevant to the activities of the Institute. Of the members appointed pursuant to this subparagraph, at least seven shall be professional nurses who are recognized experts in the area of clinical practice, education, or research.

(B) One-third of the members shall be appointed by the Secretary from the general public and shall include leaders in fields of public policy, law, health policy, economics, and management.

(4) Members of the advisory council who are officers or employees of the United States shall not receive any compensation for service on the advisory council. The other members of the advisory council shall receive, for each day (including traveltime) they are engaged in the performance of the functions of the advisory council, compensation at rates not to exceed the daily equivalent of the annual rate in effect for grade GS–18 of the General Schedule.

(c) Term of office; vacancy; reappointment

The term of office of an appointed member of the advisory council is four years, except that any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of such term and the Secretary shall make appointments to an advisory council in such a manner as to ensure that the terms of the members do not all expire in the same year. A member may serve after the expiration of the member's term until a successor has taken office. A member who has been appointed for a term of four years may not be reappointed to an advisory council before two years from the date of expiration of such term of office. If a vacancy occurs in the advisory council among the appointed members, the Secretary shall make an appointment to fill the vacancy within 90 days from the date the vacancy occurs.

(d) Chairman; selection; term of office

The chairman of the advisory council shall be selected by the Secretary from among the appointed members, except that the Secretary may select the Director of the Institute to be the chairman of the advisory council. The term of office of the chairman shall be two years.

(e) Meetings

The advisory council shall meet at the call of the chairman or upon the request of the Director of the Institute, but at least three times each fiscal year. The location of the meetings of the advisory council is subject to the approval of the Director of the Institute.

(f) Executive secretary; staff; orientation and training for new members

The Director of the Institute shall designate a member of the staff of the Institute to serve as the executive secretary of the advisory council. The Director of the Institute shall make available to the advisory council such staff, information, and other assistance as it may require to carry out its functions. The Director of the Institute shall provide orientation and training for new members of the advisory council to provide them with such information and training as may be appropriate for their effective participation in the functions of the advisory council.

(g) Material for inclusion in biennial report; additional reports

The advisory council may prepare, for inclusion in the biennial report made under section 285q–3 of this title, (1) comments respecting the activities of the advisory council in the fiscal years respecting which the report is prepared, (2) comments on the progress of the Institute in meeting its objectives, and (3) recommendations respecting the future directions and program and policy emphasis of the Institute. The advisory council may prepare such additional reports as it may determine appropriate.

(July 1, 1944, c. 373, Title IV, § 464X, formerly § 485, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 867, and amended Aug. 18, 1990, Pub.L. 101–381, Title I, § 102(4), 104 Stat. 586; June 13, 1991, Pub.L. 102–54, § 13(q)(1)(E), 105 Stat. 279; renumbered § 464X of Act July 1, 1944, and amended June 10, 1993, Pub.L. 103–43, Title XV, § 1511(a)(3), (b)(2), (4)(B), Title XX, §§ 2008(b)(13), 2010(b)(5), 107 Stat. 178, 179, 211, 214.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1985 Acts. House Report No. 99–158 and House Conference Report No. 99–309, see 1985 U.S. Code Cong. and Adm. News, p. 672.

1990 Acts. Senate Report No. 101–273 and House Conference Report No. 101–652, see 1990 U.S. Code Cong. and Adm. News, p. 862.

1991 Acts. Joint Explanatory Statement, see 1991 U.S. Code Cong. and Adm. News, p. 128.

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

References in Text

The General Schedule, referred to in subsec. (b)(4), is set out under section 5332 of Title 5, Government Organization and Employees.

Codifications

Section was formerly classified to section 285c–2 of this title prior to renumbering and transfer by section 1511(b)(2) of Pub.L. 103–43.

Amendments

1993 Amendments. Subsec. (a). Pub.L. 103–43, § 1511(a)(3)(A), substituted "Institute" for "Center" wherever appearing.

Subsec. (a)(2). Pub.L. 103–43, § 2010(b)(5), substituted "section 238 of this title" for "section 300aaa of this title".

Subsec. (b)(2)(A). Pub.L. 103–43, § 1511(a)(3)(B)(i), substituted "Institute" for "Center".

Pub.L. 103–43, § 2008(b)(13), substituted "Department of Veterans Affairs" for "Veterans' Administration", which for purposes of codification required no change in text due to prior amendment by Pub.L. 102–54, which effected the same change.

Subsec. (b)(3)(A). Pub.L. 103–43, § 1511a)(3)(B)(ii), substituted "Institute" for "Center".

Subsecs. (d) to (f). Pub.L. 103–43, § 1511(a)(3)(C), substituted "Institute" for "Center" wherever appearing.

Subsec. (g). Pub.L. 103–43, § 1511(b)(4)(B), substituted "section 285q–3 of this title" for "section 287c–3 of this title".

Pub.L. 103–43, § 1511(a)(3)(C), substituted "Institute" for "Center" wherever appearing.

1991 Amendments. Subsec. (b)(2)(A). Pub.L. 102–54 substituted "chief nursing officer of the Department of Veterans Affairs" for "Chief Nursing Officer of the Veterans' Administration".

1990 Amendments. Subsec. (a)(2). Pub.L. 101–381 substituted "2701", meaning section 2701 of the Public Health Service Act, section 300aaa of this title, for "2101", meaning former section 2101 of the Public Health Service Act, to reflect the renumberings of former section 2101 of such Act as section 2701 of such Act. Since both phrases translate as "300aaa of this title", amendment by Pub.L. 101–381 resulted in no change in text.

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

Termination of Advisory Councils

Advisory councils established after Jan. 5, 1973, to terminate not later than the expiration of the 2-year period beginning on the date of their establishment, unless, in the case of a council established by the President or an officer of the Federal Government, such council is renewed by appropriate action prior to the expiration of such 2-year period, or in the case of a council established by the Congress, its duration is otherwise provided by law. See sections 3(2) and 14 of Pub.L. 92-463, Oct. 6, 1972, 86 Stat. 770, 776, set out in Appendix 2 to Title 5, Government Organization and Employees.

Pub.L. 93-641, § 6, Jan. 4, 1975, 88 Stat. 2275, set out as a note under section 217a of this title, provided that an advisory committee established pursuant to the Public Health Service Act shall terminate at such time as may be specifically prescribed by an Act of Congress enacted after Jan. 4, 1975.

LIBRARY REFERENCES

American Digest System

Appointment and tenure of agents, clerks, and employees, see United States ⟹36.

Key Number System Topic No. 393.

Authority and duties of health officers and agents, see Health and Environment ⟹7(3).

Key Number System Topic No. 199.

Duties of officers and agents and performance thereof, see United States ⟹41.

Key Number System Topic No. 393.

Health and environment; appointment and tenure of officers and agents, see Health and Environment ⟹7(1).

Key Number System Topic No. 199.

Health and environment; authority and duties of officers and agents, see Health and Environment ⟹7(3).

Key Number System Topic No. 199.

Encyclopedias

Appointment of agents and employees, see C.J.S. United States § 36.

Duties of officers, agents, and employees, see C.J.S. United States § 41.

Health and environment; appointment, qualifications, and tenure of officers, see C.J.S. Health and Environment § 11.

Health and environment; powers and duties of officers in general, see C.J.S. Health and Environment § 13.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 285q-3. Biennial report

The Director of the Institute after consultation with the advisory council for the Institute, shall prepare for inclusion in the biennial report made under section 283 of this title a biennial report which shall consist of a description of the activities of the Institute and program policies of the Director of the Institute in the fiscal years respecting which the report is prepared. The Director of the Institute may prepare such additional reports as the Director determines appropriate. The Director of the Institute shall provide the advisory council of the Institute an opportunity for the submission of the written comments referred to in section 285q-2(g) of this title.

(July 1, 1944, c. 373, Title IV, § 464Y, formerly § 486, as added Nov. 20, 1985, Pub.L. 99-158, § 2, 99 Stat. 869, and renumbered § 485A of Act July 1, 1944, June 10, 1993, Pub.L. 103-43, Title I, § 141(a)(1), 107 Stat. 136; renumbered § 464Y of Act July 1, 1944, and amended June 10, 1993, Pub.L. 103-43, Title XV, § 1511(a)(4), (b)(2), (4)(C), 107 Stat. 179.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1985 Acts. House Report No. 99-158 and House Conference Report No. 99-309, see 1985 U.S. Code Cong. and Adm. News, p. 672.

1993 Acts. Senate Report No. 103-2 and House Conference Report No. 103-100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Codifications

Section was formerly classified to section 287c-3 of this title prior to renumbering and transfer by section 1511(b)(2) of Pub.L. 103-43.

Amendments

1993 Amendments. Pub.L. 103-43, § 1511(a)(4), substituted "Institute" for "Center" wherever appearing.

Pub.L. 103-43, § 1511(b)(4)(C), substituted "section 285q-2(g) of this title" for "section 285c-2(g) of this title".

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103-43 effective June 10, 1993, see section 2101 of Pub.L. 103-43, set out as a note under section 201 of this title.

LIBRARY REFERENCES

American Digest System

Health and environment; national board, see Health and Environment ⟹1.

Key Number System Topic No. 199.

Encyclopedias

Authority and duties of health boards, departments, and offices, see C.J.S. Health and Environment § 13.

Health and environment; duty and power of federal government, see C.J.S. Health and Environment § 4.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

Subpart 18—National Institute of Biomedical Imaging and Bioengineering

§ 285r. Purpose of the Institute

(a) The general purpose of the National Institute of Biomedical Imaging and Bioengineering (in this section referred to as the "Institute") is the conduct and support of research, training, the dissemination of health information, and other programs with respect to biomedical imaging, biomedical engineering, and associated technologies and modalities with biomedical applications (in this section referred to as "biomedical imaging and bioengineering").

(b)(1) The Director of the Institute, with the advice of the Institute's advisory council, shall establish a National Biomedical Imaging and Bioengineering Program (in this section referred to as the "Program").

(2) Activities under the Program shall include the following with respect to biomedical imaging and bioengineering:

(A) Research into the development of new techniques and devices.

(B) Related research in physics, engineering, mathematics, computer science, and other disciplines.

(C) Technology assessments and outcomes studies to evaluate the effectiveness or biologics, materials, processes, devices, procedures, and informatics.

(D) Research in screening for diseases and disorders.

(E) The advancement of existing imaging and bioengineering modalities, including imaging, biomaterials, and informatics.

(F) The development of target-specific agents to enhance images and to identify and delineate disease.

(G) The development of advanced engineering and imaging technologies and techniques for research from the molecular and genetic to the whole organ and body levels.

(H) The development of new techniques and devices for more effective interventional procedures (such as image-guided interventions).

(3)(A) With respect to the Program, the Director of the Institute shall prepare and transmit to the Secretary and the Director of NIH a plan to initiate, expand, intensify, and coordinate activities of the Institute with respect to biomedical imaging and bioengineering. The plan shall include such comments and recommendations as the Director of the Institute determines appropriate. The Director of the Institute shall periodically review and revise the plan and shall transmit any revisions of the plan to the Secretary and the Director of NIH.

(B) The plan under subparagraph (A) shall include the recommendations of the Director of the Institute with respect to the following:

(i) Where appropriate, the consolidation of programs of the National Institutes of Health for the express purpose of enhancing support of activities regarding basic biomedical imaging and bioengineering research.

(ii) the coordination of the activities of the Institute with related activities of the other agencies of the National Institutes of Health and with related activities of other Federal agencies.

(c) The establishment under section 284a of this title of an advisory council for the Institute is subject to the following:

(1) The number of members appointed by the Secretary shall be 12.

(2) Of such members—

(A) six members shall be scientists, engineers, physicians, and other health professionals who represent disciplines in biomedical imaging and bioengineering and who are not officers or employees of the United States; and

(B) six members shall be scientists, engineers, physicians, and other health professionals who represent other disciplines and are knowledgeable about the applications of biomedical imaging and bioengineering in medicine, and who are not officers or employees of the United States.

(3) In addition to the ex officio members specified in section 284a(b)(2) of this title, the ex officio members of the advisory council shall include the Director of the Centers for Disease Control and Prevention, the Director of the National Science Foundation, and the Director of the National Institute of Standards and Technology (or the designees of such officers).

(d)(1) Subject to paragraph (2), for the purpose of carrying out this section:

(A) For fiscal year 2001, there is authorized to be appropriated an amount equal to the amount obligated by the National Institutes of Health during fiscal year 2000 for biomedical imaging and bioengineering, except that such amount shall be adjusted to offset any inflation occurring after October 1, 1999.

(B) For each of the fiscal years 2002 and 2003, there is authorized to be appropriated an amount equal to the amount appropriated under subparagraph (A) for fiscal year 2001, except that such amount shall be adjusted for the fiscal year involved to offset any inflation occurring after October 1, 2000.

(2) The authorization of appropriations for a fiscal year under paragraph (1) is hereby reduced by the amount of any appropriation made for such year for the conduct or support by any other national research institute of any program with respect to biomedical imaging and bioengineering.

(July 1, 1944, c. 373, Title IV, § 464z, as added Dec. 29, 2000, Pub.L. 106–580, § 3(a), 114 Stat. 3089.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

2000 Acts. House Report No. 106–889, see 2000 U.S. Code Cong. and Adm. News, p. 2728.

Effective and Applicability Provisions

Pub.L. 106–580, § 4, Dec. 29, 2000, 114 Stat. 3092, provided that: "This Act [enacting subpart 18 of part C of subchapter III of this chapter, amending section 281 of this title and enacting provisions set out as notes under this section] takes effect on October 1, 2000, or upon the date of the enactment of this Act [Dec. 29, 2000], whichever occurs later."

Congressional Findings

Pub.L. 106–580, § 2, Dec. 29, 2000, 114 Stat. 3088, provided that:

"The Congress makes the following findings:

"(1) Basic research in imaging, bioengineering, computer science, informatics, and related fields is critical to improving health care but is fundamentally different from the research in molecular biology on which the current national research institutes at the National Institutes of Health ('NIH') are based. To ensure the development of new techniques and technologies for the 21st century, these disciplines therefore require an identity and research home at the NIH that is independent of the existing institute structure.

"(2) Advances based on medical research promise new, more effective treatments for a wide variety of diseases, but the development of new, noninvasive imaging techniques for earlier detection and diagnosis of disease is essential to take full advantage of such new treatments and to promote the general improvement of health care.

"(3) The development of advanced genetic and molecular imaging techniques is necessary to continue the current rapid pace of discovery in molecular biology.

"(4) Advances in telemedicine, and teleradiology in particular, are increasingly important in the delivery of high quality, reliable medical care to rural citizens and other underserved populations. To fulfill the promise of telemedicine and related technologies fully, a structure is needed at the NIH to support basic research focused on the acquisition, transmission, processing, and optimal display of images.

"(5) A number of Federal departments and agencies support imaging and engineering research with potential medical applications, but a central coordinating body, preferably housed at the NIH, is needed to coordinate these disparate efforts and facilitate the transfer of technologies with medical applications.

"(6) Several breakthrough imaging technologies, including magnetic resonance imaging ('MRI') and computed tomography ('CT'), have been developed primarily abroad, in large part because of the absence of a home at the NIH for basic research in imaging and related fields. The establishment of a central focus for imaging and bioengineering research at the NIH would promote both scientific advance and United States economic development.

"(7) At a time when a consensus exists to add significant resources to the NIH in coming years, it is appropriate to modernize the structure of the NIH to ensure that research

dollars are expended more effectively and efficiently and that the fields of medical science that have contributed the most to the detection, diagnosis, and treatment of disease in recent years receive appropriate emphasis.

"(8) The establishment of a National Institute of Biomedical Imaging and Bioengineering at the NIH would accelerate the development of new technologies with clinical and research applications, improve coordination and efficiency at the NIH and throughout the Federal Government, reduce duplication and waste, lay the foundation for a new medical information age, promote economic development, and provide a structure to train the young researchers who will make the pathbreaking discoveries of the next century."

Use of Existing Resources

Pub.L. 106–580, § 3(b), (c), Dec. 29, 2000, 114 Stat. 3091, provided that:

"**(b) Use of existing resources.**—In providing for the establishment of the National Institute of Biomedical Imaging and Bioengineering pursuant to the amendment made by subsection (a) [enacting this subchapter], the Director of the National Institutes of Health (referred to in this subsection as 'NIH')—

"(1) may transfer to the National Institute of Biomedical Imaging and Bioengineering such personnel of NIH as the Director determines to be appropriate;

"(2) may, for quarters for such Institute, utilize such facilities of NIH as the Director determines to be appropriate; and

"(3) may obtain administrative support for the Institute from other agencies of NIH, including the other national research institutes.

"**(c) Construction of Facilities.**—None of the provisions of this Act or the amendments made by the Act [Pub.L. 106–580, Dec. 29, 2000, 114 Stat. 3088, which enacted this subpart, amending section 281 of this title, and enacted provisions set out as notes under this section] may be construed as authorizing the construction of facilities, or the acquisition of land, for purposes of the establishment or operation of the National Institute of Biomedical Imaging and Bioengineering."

Date Certain for Establishment of Advisory Council

Pub.L. 106–580, § 3(d), Dec. 29, 2000, 114 Stat. 3091, provided that:

"Not later than 90 days after the effective date of this Act under section 4 [Dec. 29, 2000], the Secretary of Health and Human Services shall complete the establishment of an advisory council for the National Institute of Biomedical Imaging and Bioengineering in accordance with section 406 of the Public Health Service Act [42 U.S.C.A. § 284a] and in accordance with section 464z of such Act [this section] (as added by subsection (a) of this section)."

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

PART D—NATIONAL LIBRARY OF MEDICINE

Subpart 1—General Provisions

§ 286. National Library of Medicine

(a) Purpose and establishment

In order to assist the advancement of medical and related sciences and to aid the dissemination and exchange of scientific and other information important to the progress of medicine and to the public health, there is established the National Library of Medicine (hereafter in this part referred to as the "Library").

(b) Functions

The Secretary, through the Library and subject to subsection (d) of this section, shall—

(1) acquire and preserve books, periodicals, prints, films, recordings, and other library materials pertinent to medicine;

(2) organize the materials specified in paragraph (1) by appropriate cataloging, indexing, and bibliographical listings;

(3) publish and disseminate the catalogs, indexes, and bibliographies referred to in paragraph (2);

(4) make available, through loans, photographic or other copying procedures, or otherwise, such materials in the Library as the Secretary determines appropriate;

(5) provide reference and research assistance;

(6) publicize the availability from the Library of the products and services described in any of paragraphs (1) through (5);

(7) promote the use of computers and telecommunications by health professionals (including health professionals in rural areas) for the purpose of improving access to biomedical information for health care delivery and medical research; and

(8) engage in such other activities as the Secretary determines appropriate and as the Library's resources permit.

(c) Exchange, destruction, or disposal of materials not needed

The Secretary may exchange, destroy, or otherwise dispose of any books, periodicals, films, and other library materials not needed for the permanent use of the Library.

(d) Availability of publications, materials, facilities, or services; prescription of rules

(1) The Secretary may, after obtaining the advice and recommendations of the Board of Regents, prescribe rules under which the Library will—

(A) provide copies of its publications or materials,

(B) will make available its facilities for research, or

(C) will make available its bibliographic, reference, or other services,

to public and private entities and individuals.

(2) Rules prescribed under paragraph (1) may provide for making available such publications, materials, facilities, or services—

(A) without charge as a public service,

(B) upon a loan, exchange, or charge basis, or

(C) in appropriate circumstances, under contract arrangements made with a public or other nonprofit entity.

(e) Regional medical libraries; establishment

Whenever the Secretary, with the advice of the Board of Regents, determines that—

(1) in any geographic area of the United States there is no regional medical library adequate to serve such area;

(2) under criteria prescribed for the administration of section 286b–6 of this title, there is a need for a regional medical library to serve such area; and

(3) because there is no medical library located in such area which, with financial assistance under section 286b–6 of this title, can feasibly be developed into a regional medical library adequate to serve such area,

the Secretary may establish, as a branch of the Library, a regional medical library to serve the needs of such area.

(f) Acceptance and administration of gifts; memorials

Section 238 of this title shall be applicable to the acceptance and administration of gifts made for the benefit of the Library or for carrying out any of its functions, and the Board of Regents shall make recommendations to the Secretary relating to establishment within the Library of suitable memorials to the donors.

(g) "Medicine" and "medical" defined

For purposes of this part, the terms "medicine" and "medical", except when used in section 286a of this title, include preventive and therapeutic medicine, dentistry, pharmacy, hospitalization, nursing, public health, and the fundamental sciences related thereto, and other related fields of study, research, or activity.

(July 1, 1944, c. 373, Title IV, § 465, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 857, and amended Nov. 14, 1986, Pub.L. 99–660, Title III, § 311(b)(1), 100 Stat. 3779; Dec. 22, 1987, Pub.L. 100–202, § 101(h) [Title II, § 215], 101 Stat. 1329–256, 1329–275; Nov. 4, 1988, Pub.L. 100–607, Title II, § 204(2), 102 Stat. 3079; Nov. 18, 1988, Pub.L. 100–690, Title II, § 2620(b)(1), 102 Stat. 4244; Aug. 18, 1990, Pub.L. 101–381, Title I, § 102(2), 104 Stat. 585; June 10, 1993, Pub.L. 103–43, Title XIV, § 1401(a), (c)(1), Title XX, § 2010(b)(3), 107 Stat. 170, 214.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1993 Amendments. Subsec. (b)(5). Pub.L. 103–43, § 1401(a)(1), struck out "and" at the end thereof.

Pub.L. 103–43, § 1401(c)(1), struck out language which had been inserted in 1987 pursuant to Pub.L. 100–202 between pars. (5) and (6) of subsec. (a).

Subsec. (b)(6). Pub.L. 103–43, § 1401(a)(2), (3), added par. (6) and redesignated former par. (6) as (8).

Subsec. (b)(7). Pub.L. 103–43, § 1401(a)(3), added par. (7).

Subsec. (b)(8). Pub.L. 103–43, § 1401(a)(2), redesignated former par. (6) as (8).

Subsec. (f). Pub.L. 103–43, § 2010(b)(3), substituted "Section 238 of this title" for "Section 300aaa of this title".

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

Applicability of Certain New Authority

Section 1401(c)(2) of Pub.L. 103–43 provided that: "With respect to the authority established for the National Library of Medicine in section 465(b)(6) of the Public Health Service Act, as added by subsection (a) of this section, [subsec. (b)(6) of this section] such authority shall be effective as if the authority had been established on December 22, 1987."

§ 286a. Board of Regents

(a) Membership; ex officio members

(1)(A) The Board of Regents of the National Library of Medicine consists of ex officio members and ten members appointed by the Secretary.

(B) The ex officio members are the Surgeons General of the Public Health Service, the Army, the Navy, and the Air Force, the Under Secretary for Health of the Department of Veterans Affairs, the Dean of the Uniformed Services University of the Health Sciences, the Assistant Director for Biological, Behavioral, and Social Sciences of the National Science Foundation, the Director of the National Agricultural Library, and the Librarian of Congress (or their designees).

(C) The appointed members shall be selected from among leaders in the various fields of the fundamental sciences, medicine, dentistry, public health, hospital administration, pharmacology, health communications technology, or scientific or medical library work, or in public affairs. At least six of the appointed members shall be selected from among leaders in the fields of medical, dental, or public health research or education.

(2) The Board shall annually elect one of the appointed members to serve as chairman until the next election. The Secretary shall designate a member of the Library staff to act as executive secretary of the Board.

(b) Recommendations on matters of policy; recommendations included in annual report; use of services of members by Secretary

The Board shall advise, consult with, and make recommendations to the Secretary on matters of policy in regard to the Library, including such matters as the acquisition of materials for the Library, the scope, content, and organization of the Library's services, and the rules under which its materials, publications, facilities, and services shall be made available to various kinds of users. The Secretary shall include in the annual report of the Secretary to the Congress a statement covering the recommendations made by the Board and the disposition thereof. The Secretary may use the services of any member of the Board in connection with matters related to the work of the Library, for such periods, in addition to conference periods, as the Secretary may determine.

(c) Term of office; vacancy; reappointment

Each appointed member of the Board shall hold office for a term of four years, except that any member appointed to fill a vacancy occurring prior to the expiration of the term for which the predecessor of such member was appointed shall be appointed for the remainder of such term. None of the appointed members shall be eligible for reappointment within one year after the end of the preceding term of such member.

(July 1, 1944, c. 373, Title IV, § 466, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 859, and amended Oct. 25, 1988, Pub.L. 100–527, § 10, 102 Stat. 2640; Oct. 9, 1992, Pub.L. 102–405, Title III, § 302(e)(1), 106 Stat. 1985; June 10, 1993, Pub.L. 103–43, Title XX, §2008(b)(11), 107 Stat. 211.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Conference Report No. 102–871, see 1992 U.S. Code Cong. and Adm. News, p. 1362.

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1993 Amendments. Subsec. (a)(1)(B). Pub.L. 103–43, § 2008(b)(11), substituted "Department of Veterans Affairs" for "Veterans' Administration", which for purposes of codification required no change in text due to prior change of name by section 10 of Pub.L. 100–527, set out as a note under section 301 of Title 38, Veterans' Benefits.

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

Change of Name

Reference to the "Chief Medical Director of the Veterans' Administration" deemed to refer to the "Chief Medical Director of the Department of Veterans Affairs" pursuant to section 10 of Pub.L. 100–527, set out as a Department of Veterans Affairs Act note under section 301 of Title 38, Veterans' Benefits.

Reference to the "Chief Medical Director of the Department of Veterans Affairs" deemed to refer to the "Under Secretary for Health of the Department of Veterans Affairs" pursuant to section 302(e) of Pub.L. 102–405, set out as a Change of Name note under section 305 of Title 38, Veterans' Benefits.

§ 286a–2. Authorization of appropriations

(a) For the purpose of carrying out this part, there are authorized to be appropriated $150,000,000 for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 and 1996.

(b) Amounts appropriated under subsection (a) of this section and made available for grants or contracts under any of sections 286b–3 through 286b–7 of this title shall remain available until the end of the fiscal year following the fiscal year for which the amounts were appropriated.

(July 1, 1944, c. 373, Title IV, §468, as added June 10, 1993, Pub.L. 103–43, Title XIV, § 1402(a), 107 Stat. 170.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

Subpart 2—Financial Assistance

§ 286b. Repealed. Pub.L. 103–43, Title XIV, § 1402(b), June 10, 1993, 107 Stat. 171

HISTORICAL AND STATUTORY NOTES

Section, Act July 1, 1944, c. 373, Title IV, § 469, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 860, and amended Nov. 4, 1988, Pub.L. 100–607, Title I, § 146(a), 102 Stat. 3058, authorized appropriations for grants and contracts under sections 286b–3 through 286b–7 of this title of $14,000,000 for fiscal year 1989 and such sums as necessary for fiscal year 1990, to remain available until the end of the fiscal year immediately following the fiscal year for which they were appropriated. See section 286a–6 of this title.

Effective Date of Repeal

Repeal effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

§ 286b–4. Assistance for projects in sciences related to health, for research and development in medical library science, and for development of education technologies

(a) Compilation of existing and original writings on health

The Secretary shall make grants to physicians and other practitioners in the sciences related to health, to scientists, and to public or nonprofit private institutions on behalf of

such physicians, other practitioners, and scientists for the compilation of existing, or the writing of original, contributions relating to scientific, social, or cultural advancements in sciences related to health. In making such grants, the Secretary shall make appropriate arrangements under which the facilities of the Library and the facilities of libraries of public and private nonprofit institutions of higher learning may be made available in connection with the projects for which such grants are made.

(b) Medical library sciences and related activities

The Secretary shall make grants to appropriate public or private nonprofit institutions and enter into contracts with appropriate persons, for purposes of carrying out projects of research, investigations, and demonstrations in the field of medical library science and related activities and for the development of new techniques, systems, and equipment, for processing, storing, retrieving, and distributing information pertaining to sciences related to health.

(c) Development of education technologies

(1) The Secretary shall make grants to public or nonprofit private institutions for the purpose of carrying out projects of research on, and development and demonstration of, new education technologies.

(2) The purposes for which a grant under paragraph (1) may be made include projects concerning—

(A) computer-assisted teaching and testing of clinical competence at health professions and research institutions;

(B) the effective transfer of new information from research laboratories to appropriate clinical applications;

(C) the expansion of the laboratory and clinical uses of computer-stored research databases; and

(D) the testing of new technologies for training health care professionals.

(3) The Secretary may not make a grant under paragraph (1) unless the applicant for the grant agrees to make the projects available with respect to—

(A) assisting in the training of health professions students; and

(B) enhancing and improving the capabilities of health professionals regarding research and teaching.

(July 1, 1944, c. 373, Title IV, § 473, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 861, and amended June 10, 1993, Pub.L. 103–43, Title XIV, § 1411, 107 Stat. 171.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1993 Amendments. Subsec. (c). Pub.L. 103–43, § 1411, added subsec. (c).

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

§ 286b–5. Grants for establishing, expanding, and improving basic resources of medical libraries and related instrumentalities

(a) The Secretary shall make grants of money, materials, or both, to public or private nonprofit medical libraries and related scientific communication instrumentalities for the purpose of establishing, expanding, and improving their basic medical library or related resources. A grant under this subsection may be used for—

(1) the acquisition of books, journals, photographs, motion picture and other films, and other similar materials;

(2) cataloging, binding, and other services and procedures for processing library resource materials for use by those who are served by the library or related instrumentality;

(3) The acquisition of duplication devices, facsimile equipment, film projectors, recording equipment, and other equipment to facilitate the use of the resources of the library or related instrumentality by those who are served by it; and

(4) the introduction of new technologies in medical librarianship.

(b)(1) The amount of any grant under this section to any medical library or related instrumentality shall be determined by the Secretary on the basis of the scope of library or related services provided by such library or instrumentality in relation to the population and purposes served by it. In making a determination of the scope of services served by any medical library or related instrumentality, the Secretary shall take into account—

(A) the number of graduate and undergraduate students making use of the resources of such library or instrumentality;

(B) the number of physicians and other practitioners in the sciences related to health utilizing the resources of such library or instrumentality;

(C) the type of supportive staffs, if any, available to such library or instrumentality;

(D) the type, size, and qualifications of the faculty of any school with which such library or instrumentality is affiliated;

(E) the staff of any hospital or hospitals or of any clinic or clinics with which such library or instrumentality is affiliated; and

(F) the geographic area served by such library or instrumentality and the availability within such area of medical library or related services provided by other libraries or related instrumentalities.

(2) Grants to such medical libraries or related instrumentalities under this section shall be in such amounts as the Secretary may by regulation prescribe with a view to assuring adequate continuing financial support for such libraries or instrumentalities from other sources during and after the period for which grants are provided, except that in no case shall any grant under this section to a medical library or related instrumentality for any fiscal year exceed $1,000,000.

(July 1, 1944, c. 373, Title IV, § 474, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 861, and amended Nov. 4, 1988, Pub.L. 100–607, Title I, § 146(b), 102 Stat. 3058; June 10, 1993, Pub.L. 103–43, Title XIV, § 1401(b), 107 Stat. 170.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1993 Amendments. Subsec. (b)(2). Pub.L. 103–43, § 1401(b), substituted "$1,000,000" for "$750,000".

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

Subpart 3—National Center for Biotechnology Information

§ 286c. Purpose, establishment, functions, and funding of National Center for Biotechnology Information

(a) Establishment

In order to focus and expand the collection, storage, retrieval, and dissemination of the results of biotechnology research by information systems, and to support and enhance the development of new information technologies to aid in the understanding of the molecular processes that control health and disease, there is established the National Center for Biotechnology Information (hereinafter in this section referred to as the "Center") in the National Library of Medicine.

(b) Functions

The Secretary, through the Center and subject to section 286(d) of this title, shall—

(1) design, develop, implement, and manage automated systems for the collection, storage, retrieval, analysis, and dissemination of knowledge concerning human molecular biology, biochemistry, and genetics;

(2) perform research into advanced methods of computer-based information processing capable of representing and analyzing the vast number of biologically important molecules and compounds;

(3) enable persons engaged in biotechnology research and medical care to use systems developed under paragraph (1) and methods described in paragraph (2); and

(4) coordinate, as much as is practicable, efforts to gather biotechnology information on an international basis.

(c) Repealed. Pub.L. 103–43, Title XIV, § 1402(b), June 10, 1993, 107 Stat. 171

(July 1, 1944, c. 373, Title IV, § 478, as added Nov. 4, 1988, Pub.L. 100–607, Title I, § 105, 102 Stat. 3052, and amended June 10, 1993, Pub.L. 103–43, Title XIV, § 1402(b), 107 Stat. 171.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1993 Amendments. Subsec. (c). Pub.L. 103–43, § 1402(b), struck out subsec. (c), which authorized appropriation for performing duties specified in subsec. (b) of this section of $8,000,000 for fiscal year 1989 and such sum as necessary for fiscal year 1990 to remain available until expended.

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

Subpart 4—National Information Center on Health Services Research and Health Care Technology

§ 286d. National Information Center

(a) Establishment

There is established within the Library an entity to be known as the National Information Center on Health Services Research and Health Care Technology (in this section referred to as the "Center").

(b) Purpose

The purpose of the Center is the collection, storage, analysis, retrieval, and dissemination of information on health services research, clinical practice guidelines, and on health care technology, including the assessment of such technology. Such purpose includes developing and maintaining data bases and developing and implementing methods of carrying out such purpose.

(c) Electronic, convenient format; criteria for inclusion

The Director of the Center shall ensure that information under subsection (b) of this section concerning clinical practice guidelines is collected and maintained electronically and in a convenient format. Such Director shall develop and publish criteria for the inclusion of practice guidelines and technology assessments in the information center database.

(d) Coordination with Director of the Agency for Healthcare Research and Quality

The Secretary, acting through the Center, shall coordinate the activities carried out under this section through the Center with related activities of the Director of the Agency for Healthcare Research and Quality.

(July 1, 1944, c. 373, Title IV, §478A, as added June 10, 1993, Pub.L. 103–43, Title XIV, § 1421, 107 Stat. 171, and amended Dec. 6, 1999, Pub.L. 106–129, § 2(b)(2), 113 Stat. 1670.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

1999 Acts. Statement by President, see 1999 U.S. Code Cong. and Adm. News, p. 322.

Amendments

1999 Amendments. Pub.L. 106–129, § 2(b)(2), substituted "Director of the Agency for Healthcare Research and Quality" for "Administrator for Health Care Policy and Research", throughout the section.

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

Rule of Construction

Section 1422(b) of Pub.L. 103–43 provided that: "The amendments made by section 3 of Public Law 102–410 (106 Stat. 2094) [enacting section 299a–1(e) of this title], by section 1421 of this Act [enacting this section], and by subsection (a) of this section [amending section 299a–1(e) of this title] may not be construed as terminating the information center on health care technologies and health care technology assessment established under section 904 of the Public Health Service Act [section 299a–2 of this title], as in effect on the day before the date of the enactment of Public Law 102–410 [Oct. 13, 1992]. Such center shall be considered to be the center established in section 478A of the Public Health Service Act, as added by section 1421 of this Act [this section], and shall be subject to the provisions of such section 478A."

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

PART E—OTHER AGENCIES OF NIH

Subpart 1—National Center for Research Resources

HISTORICAL AND STATUTORY NOTES

Amendments

1993 Amendments. Pub.L. 103–43, Title XV, § 1501(2)(A), June 10, 1993, 107 Stat. 172, substituted "National Center for" for "Division of".

§ 287. General purpose

The general purpose of the National Center for Research Resources (in this subpart referred to as the "Center") is to strengthen and enhance the research environments of entities engaged in health-related research by developing and supporting essential research resources.

(July 1, 1944, c. 373, Title IV, § 479, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 864, and amended June 10, 1993, Pub.L. 103–43, Title XV, § 1501(2)(B), 107 Stat. 172.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1993 Amendments. Pub.L. 103–43, § 1501(2)(B), substituted "the National Center for Research Resources (in this subpart referred to as the 'Center')" for "the Division of Research Resources".

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

Shared Instrumentation Grant Program.

Pub.L. 106–505, Title III, § 305, Nov. 13, 2000, 114 Stat. 2335, provided that:

"**(a) Authorization of appropriations.**—There is authorized to be appropriated $100,000,000 for fiscal year 2000, and such sums as may be necessary for each subsequent fiscal year, to enable the Secretary of Health and Human Services, acting through the Director of the National Center for Research Resources, to provide for the continued operation of the Shared Instrumentation Grant Program (initiated in fiscal year 1992 under the authority of section 479 of the Public Health Service Act (42 U.S.C. 287 et seq.)[this section]).

"**(b) Requirements for grants.**—In determining whether to award a grant to an applicant under the program described in subsection (a), the Director of the National Center for Research Resources shall consider—

"(1) the extent to which an award for the specific instrument involved would meet the scientific needs and enhance the planned research endeavors of the major users by providing an instrument that is unavailable or to which availability is highly limited;

"(2) with respect to the instrument involved, the availability and commitment of the appropriate technical expertise within the major user group or the applicant institution for use of the instrumentation;

"(3) the adequacy of the organizational plan for the use of the instrument involved and the internal advisory committee for oversight of the applicant, including sharing arrangements if any;

"(4) the applicant's commitment for continued support of the utilization and maintenance of the instrument; and

"(5) the extent to which the specified instrument will be shared and the benefit of the proposed instrument to the overall research community to be served.

"(c) **Peer review.**—In awarding grants under the program described in subsection (a) Director of the National Center for Research Resources shall comply with the peer review requirements in section 492 of the Public Health Service Act (42 U.S.C. 289a)."

§ 287a. Advisory council

(a) Appointment; functions and duties; acceptance of conditional gifts; subcommittees

(1) The Secretary shall appoint an advisory council for the Center which shall advise, assist, consult with, and make recommendations to the Secretary and the Director of the Center on matters related to the activities carried out by and through the Center and the policies respecting such activities.

(2) The advisory council for the Center may recommend to the Secretary acceptance, in accordance with section 238 of this title, of conditional gifts for study, investigations, and research and for the acquisition of grounds or construction, equipping, or maintenance of facilities for the Center.

(3) The advisory council for the Center—

(A)(i) may make recommendations to the Director of the Center respecting research conducted at the Center,

(ii) may review applications for grants and cooperative agreements for research or training and recommend for approval applications for projects which show promise of making valuable contributions to human knowledge, and

(iii) may review any grant, contract, or cooperative agreement proposed to be made or entered into by the Center;

(B) may collect, by correspondence or by personal investigation, information as to studies which are being carried on in the United States or any other country as to the diseases, disorders, or other aspects of human health with respect to which the Center is concerned and with the approval of the Director of the Center make available such information through appropriate publications for the benefit of public and private health entities and health professions personnel and scientists and for the information of the general public; and

(C) may appoint subcommittees and convene workshops and conferences.

(b) Membership; ex officio members; compensation

(1) The advisory council shall consist of ex officio members and not more than eighteen members appointed by the Secretary.

(2) The ex officio members of the advisory council shall consist of—

(A) the Secretary, the Director of NIH, the Director of the Center, the Under Secretary for Health of the Department of Veterans Affairs, and the Assistant Secretary of Defense for Health Affairs (or the designees of such officers), and

(B) such additional officers or employees of the United States as the Secretary determines necessary for the advisory council to effectively carry out its functions.

(3) The members of the advisory council who are not ex officio members shall be appointed as follows:

(A) Two-thirds of the members shall be appointed by the Secretary from among the leading representatives of the health and scientific disciplines (including public health and the behavioral or social sciences) relevant to the activities of the Center.

(B) One-third of the members shall be appointed by the Secretary from the general public and shall include leaders in fields of public policy, law, health policy, economics, and management.

(4) Members of the advisory council who are officers or employees of the United States shall not receive any compensation for service on the advisory council. The other members of the advisory council shall receive, for each day (including traveltime) they are engaged in the performance of the functions of the advisory council, compensation at rates not to exceed the daily equivalent of the annual rate in effect for grade GS–18 of the General Schedule.

(c) Term of office; vacancy; reappointment

The term of office of an appointed member of the advisory council is four years, except that any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of such term and the Secretary shall make appointments to an advisory council in such a manner as to ensure that the terms of the members do not all expire in the same year. A member may serve after the expiration of the member's term until a successor has taken office. A member who has been appointed for a term of four years may not be reappointed to an advisory council before two years from the date of expiration of such term of office. If a vacancy occurs in the advisory council among the appointed members, the Secretary shall make an appointment to fill the vacancy within 90 days from the date the vacancy occurs.

(d) Chairman; selection; term of office

The chairman of the advisory council shall be selected by the Secretary from among the appointed members, except that the Secretary may select the Director of the Center to be the chairman of the advisory council. The term of office of the chairman shall be two years.

(e) Meetings

The advisory council shall meet at the call of the chairman or upon the request of the Director of the Center, but at least three times each fiscal year. The location of the meetings of the advisory council is subject to the approval of the Director of the Center.

(f) Executive secretary; staff; orientation and training for new members

The Director of the Center shall designate a member of the staff of the Center to serve as the executive secretary of the advisory council. The Director of the Center shall make available to the advisory council such staff, information, and other assistance as it may require to carry out its functions. The Director of the Center shall provide orientation and training for new members of the advisory council to provide them with such information and training as may be appropriate for their effective participation in the functions of the advisory council.

(g) Material for inclusion in biennial report; additional reports

The advisory council may prepare, for inclusion in the biennial report made under section 287a-1 of this title, (1) comments respecting the activities of the advisory council in the fiscal years respecting which the report is prepared, (2) comments on the progress of the Center in meeting its objectives, and (3) recommendations respecting the future directions and program and policy emphasis of the Center. The advisory council may prepare such additional reports as it may determine appropriate.

(h) Advisory council in existence on November 20, 1985

This section does not terminate the membership of the advisory council for the Center which was in existence on November 20, 1985. After November 20, 1985—

(1) the Secretary shall make appointments to such advisory council in such a manner as to bring about as soon as practicable the composition for such council prescribed by this section;

(2) the advisory council shall organize itself in accordance with this section and exercise the functions prescribed by this section; and

(3) the Director of the Center shall perform for such advisory council the functions prescribed by this section.

(July 1, 1944, c. 373, Title IV, § 480, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 864, and amended Oct. 25, 1988, Pub.L. 100–527, § 10, 102 Stat. 2640; Aug. 18, 1990, Pub.L. 101–381, Title I, § 102(3), 104 Stat. 586; Oct. 9, 1992, Pub.L. 102–405, Title III, § 302(e)(1), 106 Stat. 1985; June 10, 1993, Pub.L. 103–43, Title XV, § 1501(2)(C), (D), Title XX, §§ 2008(b)(12), 2010(b)(4), 107 Stat. 172, 173, 211, 214.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Conference Report No. 102–871, see 1992 U.S. Code Cong. and Adm. News, p. 1362.

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1993 Amendments. Subsec. (a). Pub.L. 103–43, § 1501(2)(C), (D), substituted "the Center" for "the Division" wherever appearing and in pars. (1) and (2) substituted "advisory council for the Center" for "advisory council for the Division of Research Resources".

Subsec. (a)(2). Pub.L. 103–43, § 2010(b)(4), substituted "section 238 of this title" for "section 300aaa of this title".

Subsec. (b)(2)(A). Pub.L. 103–43, § 1501(2)(C), substituted "the Center" for "the Division of Research Resources".

Pub.L. 103–43, § 2008(b)(12), substituted "Department of Veterans Affairs" for "Veterans' Administration", which for purposes of codification required no change in text due to prior change of name by section 10 of Pub.L. 100–527, set out as a note under section 301 of Title 38, Veterans' Benefits.

Subsec. (b)(3)(A). Pub.L. 103–43, § 1501(2)(D), substituted "the Center" for "the Division".

Subsec. (d). Pub.L. 103–43, § 1501(2)(C), substituted "the Center" for "the Division of Research Resources".

Subsec. (e). Pub.L. 103–43, § 1501(2)(C), (D), substituted "the Center, but at least" for "the Division of Research Resources, but at least" and "the Center" for "the Division".

Subsec. (f). Pub.L. 103–43, § 1501(2)(C), (D), substituted "the Center shall designate" for "the Division of Research Resources shall designate" and "the Center" for "the Division" wherever appearing.

Subsec. (g). Pub.L. 103–43, § 1501(2)(C), (D), substituted "the Center in meeting" for "the Division of Research Resources in meeting" and "the Center" for "the Division".

Subsec. (h). Pub.L. 103–43, § 1501(2)(C), substituted "the Center" for "the Division of Research Resources".

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

Change of Name

Reference to the "Chief Medical Director of the Veterans' Administration" deemed to refer to the "Chief Medical Director of the Department of Veterans Affairs" pursuant to section 10 of Pub.L. 100–527, set out as a Department of Veterans Affairs Act note under section 301 of Title 38, Veterans' Benefits.

Reference to the "Chief Medical Director of the Department of Veterans Affairs" deemed to refer to the "Under Secretary for Health of the Department of Veterans Affairs" pursuant to section 302(e) of Pub.L. 102–405, set out as a Change of Name note under section 305 of Title 38, Veterans' Benefits.

§ 287a–1. Biennial report

The Director of the Center, after consultation with the advisory council for the Center, shall prepare for inclusion in the biennial report made under section 283 of this title a biennial report which shall consist of a description of the activities of the Center and program policies of the Director of the Center in the fiscal years respecting which the report is prepared. The Director of the Center may prepare such additional reports as the Director determines appropriate. The Director of the Center shall provide the advisory council of the Center an opportunity for the submission of the written comments referred to in section 287a(g) of this title.

(July 1, 1944, c. 373, Title IV, § 481, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 866, and amended June 10, 1993, Pub.L. 103–43, Title XV, §1501(2)(C), (D), 107 Stat. 172.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1993 Amendments. Pub.L. 103–43, § 1501(2)(C), (D), substituted "the Center, after consultation" for "the Division of Research Resources, after consultation" and "the Center" for "the Division" wherever appearing.

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

§ 287a–2. Biomedical and behavioral research facilities

(a) Modernization and construction of facilities

(1) In general

The Director of NIH, acting through the Director of the Center, may make grants or contracts to public and nonprofit private entities to expand, remodel, renovate, or alter existing research facilities or construct new research facilities, subject to the provisions of this section.

(2) Construction and cost of construction

For purposes of this section, the terms "construction" and "cost of construction" include the construction of new buildings and the expansion, renovation, remodeling, and alteration of existing buildings, including architects' fees, but do not include the cost of acquisition of land or off-site improvements.

(b) Scientific and technical review boards for merit-based review of proposals

(1) In general: approval as precondition to grants

(A) Establishment

There is established within the Center a Scientific and Technical Review Board on Biomedical and Behavioral Research Facilities (referred to in this section as the "Board").

(B) Requirement

The Director of the Center may approve an application for a grant under subsection (a) only if the Board has under paragraph (2) recommended the application for approval.

(2) Duties

(A) Advice

The Board shall provide advice to the Director of the Center and the advisory council established under section 287a of this title (in this section referred to as the "Advisory Council") in carrying out this section.

(B) Determination of merit

In carrying out subparagraph (A), the Board shall make a determination of the merit of each application submitted for a grant under subsection (a), after consideration of the requirements established in subsection (c), and shall report the results of the determination to the Director of the Center and the Advisory Council. Such determinations shall be conducted in a manner consistent with procedures established under section 289a of this title.

(C) Amount

In carrying out subparagraph (A), the Board shall, in the case of applications recommended for approval, make recommendations to the Director and the Advisory Council on the amount that should be provided under the grant.

(D) Annual report

In carrying out subparagraph (A), the Board shall prepare an annual report for the Director of the Center and the Advisory Council describing the activities of the Board in the fiscal year for which the report is made. Each such report shall be available to the public, and shall—

(i) summarize and analyze expenditures made under this section;

(ii) provide a summary of the types, numbers, and amounts of applications that were recommended for grants under subsection (a) but that were not approved by the Director of the Center; and

(iii) contain the recommendations of the Board for any changes in the administration of this section.

(3) Membership

(A) In general

Subject to subparagraph (B), the Board shall be composed of 15 members to be appointed by the Director of the Center, and such ad-hoc or temporary members as the Director of the Center determines to be appropriate. All members of the Board, including temporary and ad-hoc members, shall be voting members.

(B) Limitation

Not more than three individuals who are officers or employees of the Federal Government may serve as members of the Board.

(4) Certain requirements regarding membership

In selecting individuals for membership on the Board, the Director of the Center shall ensure that the members are individuals who, by virtue of their training or experience, are eminently qualified to perform peer review functions. In selecting such individuals for such membership, the Director of the Center shall ensure that the members of the Board collectively—

(A) are experienced in the planning, construction, financing, and administration of entities that conduct biomedical or behavioral research sciences;

(B) are knowledgeable in making determinations of the need of entities for biomedical or behavioral research facilities, including such facilities for the dentistry, nursing, pharmacy, and allied health professions;

(C) are knowledgeable in evaluating the relative priorities for applications for grants under subsection (a) in view of the overall research needs of the United States; and

(D) are experienced with emerging centers of excellence, as described in subsection (c)(2).

(5) Certain authorities

(A) Workshops and conferences

In carrying out paragraph (2), the Board may convene workshops and conferences, and collect data as the Board considers appropriate.

(B) Subcommittees

In carrying out paragraph (2), the Board may establish subcommittees within the Board. Such subcommittees may hold meetings as determined necessary to enable the subcommittee to carry out its duties.

(6) Terms

(A) In general

Except as provided in subparagraph (B), each appointed member of the Board shall hold office for a term of 4 years. Any member appointed to fill a vacancy occurring prior to the expiration of the term for which such member's predecessor was appointed shall be appointed for the remainder of the term of the predecessor.

(B) Staggered terms

Members appointed to the Board shall serve staggered terms as specified by the Director of the Center when making the appointments.

(C) Reappointment

No member of the Board shall be eligible for reappointment to the Board until 1 year has elapsed after the end of the most recent term of the member.

(7) Compensation

Members of the Board who are not officers or employees of the United States shall receive for each day the members are engaged in the performance of the functions of the Board compensation at the same rate received by members of other national advisory councils established under this subchapter.

(c) Requirements for grants

(1) In general

The Director of the Center may make a grant under subsection (a) only if the applicant for the grant meets the following conditions:

(A) The applicant is determined by such Director to be competent to engage in the type of research for which the proposed facility is to be constructed.

(B) The applicant provides assurances satisfactory to the Director that—

(i) for not less than 20 years after completion of the construction involved, the facility will be used for the purposes of the research for which it is to be constructed;

(ii) sufficient funds will be available to meet the non-Federal share of the cost of constructing the facility;

(iii) sufficient funds will be available, when construction is completed, for the effective use of the facility for the research for which it is being constructed; and

(iv) the proposed construction will expand the applicant's capacity for research, or is necessary to improve or maintain the quality of the applicant's research.

(C) The applicant meets reasonable qualifications established by the Director with respect to—

(i) the relative scientific and technical merit of the applications, and the relative effectiveness of the proposed facilities, in expanding the capacity for biomedical or behavioral research and in improving the quality of such research;

(ii) the quality of the research or training, or both, to be carried out in the facilities involved;

(iii) the congruence of the research activities to be carried out within the facility with the research and investigator manpower needs of the United States; and

(iv) the age and condition of existing research facilities.

(D) The applicant has demonstrated a commitment to enhancing and expanding the research productivity of the applicant.

(2) Institutions of emerging excellence

From the amount appropriated under subsection (i) for a fiscal year up to $50,000,000, the Director of the Center shall make available 25 percent of such amount, and from the amount appropriated under such subsection for a fiscal year that is over $50,000,000, the Director of the Center shall make available up to 25 percent of such amount, for grants under subsection (a) to applicants that in addition to meeting the requirements established in paragraph (1), have demonstrated emerging excellence in biomedical or behavioral research, as follows:

(A) The applicant has a plan for research or training advancement and possesses the ability to carry out the plan.

(B) The applicant carries out research and research training programs that have a special relevance to a problem, concern, or unmet health need of the United States.

(C) The applicant has been productive in research or research development and training.

(D) The applicant—

(i) has been designated as a center of excellence under section 293c of this title;

(ii) is located in a geographic area whose population includes a significant number of individuals with health status deficit, and the applicant provides health services to such individuals; or

(iii) is located in a geographic area in which a deficit in health care technology, services, or research resources may adversely affect the health status of the population of the area in the future, and the applicant is carrying out activities with respect to protecting the health status of such population.

(d) Requirement of application

The Director of the Center may make a grant under subsection (a) only if an application for the grant is submitted to the Director and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Director determines to be necessary to carry out this section.

(e) Amount of grant; payments

(1) Amount

The amount of any grant awarded under subsection (a) shall be determined by the Director of the Center, except that such amount shall not exceed—

(A) 50 percent of the necessary cost of the construction of a proposed facility as determined by the Director; or

(B) in the case of a multipurpose facility, 40 percent of that part of the necessary cost of construction that the Director determines to be proportionate to the contemplated use of the facility.

(2) Reservation of amounts

On the approval of any application for a grant under subsection (a), the Director of the Center shall reserve, from any appropriation available for such grants, the amount of such grant, and shall pay such amount, in advance or by way of reimbursement, and in such installments consistent with the construction progress, as the Director may determine appropriate. The reservation of any amount by the Director under this paragraph may be amended by the Director, either on the approval of an amendment of the application or on the revision of the estimated cost of construction of the facility.

(3) Exclusion of certain costs

In determining the amount of any grant under subsection (a), there shall be excluded from the cost of construction an amount equal to the sum of—

(A) the amount of any other Federal grant that the applicant has obtained, or is assured of obtaining, with respect to construction that is to be financed in part by a grant authorized under this section; and

(B) the amount of any non-Federal funds required to be expended as a condition of such other Federal grant.

(4) Waiver of limitations

The limitations imposed under paragraph (1) may be waived at the discretion of the Director for applicants meeting the conditions described in subsection (c).

(f) Recapture of payments

If, not later than 20 years after the completion of construction for which a grant has been awarded under subsection (a)—

(1) the applicant or other owner of the facility shall cease to be a public or non profit private entity; or

(2) the facility shall cease to be used for the research purposes for which it was constructed (unless the Director determines, in accordance with regulations, that there is good cause for releasing the applicant or other owner from obligation to do so),

the United States shall be entitled to recover from the applicant or other owner of the facility the amount bearing the same ratio to the current value (as determined by an agreement between the parties or by action brought in the United States District Court for the district in which such facility is situated) of the facility as the amount of the Federal participation bore to the cost of the construction of such facility.

(g) Guidelines

Not later than 6 months after November 13, 2000, the Director of the Center, after consultation with the Advisory Council, shall issue guidelines with respect to grants under subsection (a).

(h) Report to Congress

The Director of the Center shall prepare and submit to the appropriate committees of Congress a biennial report concerning the status of the biomedical and behavioral research facilities and the availability and condition of technologically sophisticated laboratory equipment in the United States. Such reports shall be developed in concert with the report prepared by the National Science Foundation on the needs of research facilities of universities as required under section 1886 of this title.

(i) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated $250,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003.

(July 1, 1944, c. 373, Title IV, § 481A, as added June 10, 1993, Pub.L. 103–43, Title XV, § 1502, 107 Stat. 173, and amended Nov. 13, 1998, Pub.L. 105–392, Title I, § 101(c), 112 Stat. 3537; Nov. 13, 2000, Pub.L. 106–505, Title III, § 303, 114 Stat. 2330.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

2000 Acts. House Report No. 106–634, see 2000 U.S. Code Cong. and Adm. News, p. 2168.

References in Text

This subchapter, referred to in subsec. (b)(7), originally read "this title", meaning Title IV of the Public Health Service Act, which is principally classified to this subchapter.

Amendments

2000 Amendments. Pub.L. 106–505, § 303, rewrote the section, which formerly read:

"(a) Modernization and construction of facilities

"(1) In general

"The Director of NIH, acting through the Director of the Center, may make grants to public and nonprofit private entities to expand, remodel, renovate, or alter existing research facilities or construct new research facilities, subject to the provisions of this section.

"(2) Construction and cost of construction

"For purposes of this section, the terms 'construction' and 'cost of construction' include the construction of new buildings and the expansion, renovation, remodeling, and alteration of existing buildings, including architects' fees, but do not include the cost of acquisition of land or off-site improvements.

"(b) Scientific and technical review boards for merit-based review of proposals

"(1) In general; approval as precondition to grants

"(A) There is established within the Center a Scientific and Technical Review Board on Biomedical and Behavioral Research Facilities (referred to in this section as the "Board").

"(B) The Director of the Center may approve an application for a grant under subsection (a) of this section only if the Board has under paragraph (2) recommended the application for approval.

"(2) Duties

"(A) The Board shall provide advice to the Director of the Center and the advisory council established under section 287a of this title (in this section referred to as the 'Advisory Council') on carrying out this section.

"(B) In carrying out subparagraph (A), the Board shall make a determination of the merit of each application submitted for a grant under subsection (a) of this section, after consideration of the requirements established in subsection (c) of this section, and shall report the results of the determination to the Director of the Center and the Advisory Council. Such determinations shall be conducted in a manner consistent with procedures established under section 289a of this title.

"(C) In carrying out subparagraph (A), the Board shall, in the case of applications recommended for approval, make recommendations to the Director and the Advisory Council on the amount that should be provided in the grant.

"(D) In carrying out subparagraph (A), the Board shall prepare an annual report for the Director of the Center and the Advisory Council describing the activities of the Board in the fiscal year for which the report is made. Each such report shall be available to the public, and shall—

"(i) summarize and analyze expenditures made under this section;

"(ii) provide a summary of the types, numbers, and amounts of applications that were recommended for grants under subsection (a) of this section but that were not approved by the Director of the Center; and

"(iii) contain the recommendations of the Board for any changes in the administration of this section.

"(3) Membership

"(A) Subject to subparagraph (B), the Board shall be composed of 9 appointed members, and such ex officio members as the Director of the Center determines to be appropriate.

"(B) Not more than 3 individuals who are officers or employees of the Federal Government may serve as members of the Board.

"(4) Certain requirements regarding membership

"In selecting individuals for membership on the Board, the Director of the Center shall ensure that the members are individuals who, by virtue of their training or experience, are eminently qualified to perform peer review functions. In selecting such individuals for such membership, the Director of the Center shall ensure that the members of the Board collectively—

"(A) are experienced in the planning, construction, financing, and administration of entities that conduct biomedical or behavioral research sciences;

"(B) are knowledgeable in making determinations of the need of entities for biomedical or behavioral research facilities, including such facilities for the dentistry, nursing, pharmacy, and allied health professions;

"(C) are knowledgeable in evaluating the relative priorities for applications for grants under subsection (a) of this section in view of the overall research needs of the United States; and

"(D) are experienced with emerging centers of excellence, as described in subsection (c)(3) of this section.

"(5) **Certain authorities**

"(A) In carrying out paragraph (2), the Board may convene workshops and conferences, and collect data as the Board considers appropriate.

"(B) In carrying out paragraph (2), the Board may establish subcommittees within the Board. Such subcommittees may hold meetings as determined necessary to enable the subcommittee to carry out its duties.

"(6) **Terms**

"(A) Except as provided in subparagraph (B), each appointed member of the Board shall hold office for a term of 4 years. Any member appointed to fill a vacancy occurring prior to the expiration of the term for which such member's predecessor was appointed shall be appointed for the remainder of the term of the predecessor.

"(B) Of the initial members appointed to the Board (as specified by the Director of the Center when making the appointments)—

"(i) 3 shall hold office for a term of 3 years;

"(ii) 3 shall hold office for a term of 2 years; and

"(iii) 3 shall hold office for a term of 1 year.

"(C) No member is eligible for reappointment to the Board until 1 year has elapsed after the end of the most recent term of the member.

"(7) **Compensation**

"Members of the Board who are not officers or employees of the United States shall receive for each day the members are engaged in the performance of the functions of the Board compensation at the same rate received by members of other national advisory councils established under this subchapter.

"(c) **Requirements for grants**

"(1) **In general**

"The Director of the Center may make a grant under subsection (a) of this section only if the applicant for the grant meets the following conditions:

"(A) The applicant is determined by such Director to be competent to engage in the type of research for which the proposed facility is to be constructed.

"(B) The applicant provides assurances satisfactory to the Director that—

"(i) for not less than 20 years after completion of the construction, the facility will be used for the purposes of research for which it is to be constructed;

"(ii) sufficient funds will be available to meet the non-Federal share of the cost of constructing the facility;

"(iii) sufficient funds will be available, when construction is completed, for the effective use of the facility for the research for which it is being constructed; and

"(iv) the proposed construction will expand the applicant's capacity for research, or is necessary to improve or maintain the quality of the applicant's research.

"(C) The applicant meets reasonable qualifications established by the Director with respect to—

"(i) the relative scientific and technical merit of the applications, and the relative effectiveness of the proposed facilities, in expanding the capacity for biomedical or behavioral research and in improving the quality of such research;

"(ii) the quality of the research or training, or both, to be carried out in the facilities involved;

"(iii) the need of the applicant for such facilities in order to maintain or expand the applicant's research and training mission;

"(iv) the congruence of the research activities to be carried out within the facility with the research and investigator manpower needs of the United States; and

"(v) the age and condition of existing research facilities and equipment.

"(D) The applicant has demonstrated a commitment to enhancing and expanding the research productivity of the applicant.

"(2) **Consideration of certain factors**

"In making grants under subsection (a) of this section, the Director of the Center may, in addition to the requirements established in paragraph (1), consider the following factors:

"(A) To what extent the applicant has the capacity to broaden the scope of research and research training programs of the applicant by promoting—

"(i) interdisciplinary research;

"(ii) research on emerging technologies, including those involving novel analytical techniques or computational methods; or

"(iii) other novel research mechanisms or programs.

"(B) To what extent the applicant has broadened the scope of research and research training programs of qualified institutions by promoting genomic research with an emphasis on interdisciplinary research, including research related to pediatric investigations.

"(3) **Institutions of emerging excellence**

"Of the amounts appropriated under subsection (h) of this section for a fiscal year, the Director of the Center shall make available 25 percent for grants under subsection (a) of this section to applicants that, in addition to meeting the requirements established in paragraph (1), have demonstrated emerging excellence in biomedical or behavioral research, as follows:

"(A) The applicant has a plan for research or training advancement and possesses the ability to carry out the plan.

"(B) The applicant carries out research and research training programs that have a special relevance to a problem, concern, or unmet health need of the United States.

"(C) The applicant has been productive in research or research development and training.

"(D) The applicant—

"(i) has been designated as a center of excellence under part B of subchapter V of this chapter [42 U.S.C.A. § 293 et seq.];

"(ii) is located in a geographic area whose population includes a significant number of individuals with a health-status deficit, and the applicant provides health services to such individuals; or

"(iii) is located in a geographic area in which a deficit in health care technology, services, or research resources may adversely affect health status of the population of the area in the future, and the applicant is carrying out activities with respect to protecting the health status of such population.

"(d) Requirement of application

"The Director of the Center may make a grant under subsection (a) of this section only if an application for the grant is submitted to the Director and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Director determines to be necessary to carry out this section.

"(e) Amount of grant; payments

"(1) Amount

"The amount of any grant awarded under subsection (a) of this section shall be determined by the Director of the Center, except that such amount shall not exceed—

"(A) 50 percent of the necessary cost of the construction of a proposed facility as determined by the Director; or

"(B) in the case of a multipurpose facility, 40 percent of that part of the necessary cost of construction that the Director determines to be proportionate to the contemplated use of the facility.

"(2) Reservation of amounts

"On approval of any application for a grant under subsection (a) of this section, the Director of the Center shall reserve, from any appropriation available therefore, the amount of such grant, and shall pay such amount, in advance or by way of reimbursement, and in such installments consistent with the construction progress, as the Director may determine appropriate. The reservation of the Director of any amount by the Director under this paragraph may be amended by the Director, either on the approval of an amendment of the application or on the revision of the estimated cost of construction of the facility.

"(3) Exclusion of certain costs

"In determining the amount of any grant under this subsection (a) of this section, there shall be excluded from the cost of construction an amount equal to the sum of—

"(A) the amount of any other Federal grant that the applicant has obtained, or is assured of obtaining, with respect to construction that is to be financed in part by a grant authorized under this section; and

"(B) the amount of any non-Federal funds required to be expended as a condition of such other Federal grant.

"(4) Waiver of limitations

"The limitations imposed by paragraph (1) may be waived at the discretion of the Director for applicants meeting the conditions described in paragraphs (1) and (2) of subsection (c) of this section.

"(f) Recapture of payments

"If, not later than 20 years after the completion of construction for which a grant has been awarded under subsection (a) of this section—

"(1) the applicant or other owner of the facility shall cease to be a public or nonprofit private entity; or

"(2) the facility shall cease to be used for the research purposes for which it was constructed (unless the Director determines, in accordance with regulations, that there is good cause for releasing the applicant or other owner from obligation to do so);

the United States shall be entitled to recover from the applicant or other owner of the facility the amount bearing the same ratio to the current value (as determined by an agreement between the parties or by action brought in the United States District Court for the district in which such facility is situated) of the facility as the amount of the Federal participation bore to the cost of the construction of such facility.

"(g) Guidelines

"Not later than 6 months after June 10, 1993, the Director of the Center, after consultation with the Advisory Council, shall issue guidelines with respect to grants under subsection (a) of this section.

"(h) Authorization of appropriations

"For the purpose of carrying out this section, there are authorized to be appropriated $150,000,000 for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 and 1996."

1998 **Amendments**. Subsec. (c)(3)(D)(i). Pub.L. 105–393, § 101(c), struck "section 739" and inserted "part B of subchapter V of this chapter [42 U.S.C.A. § 293 et seq.]".

Effective and Applicability Provisions

1993 **Acts**. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

Research Laboratory Infrastructure.

Pub.L. 106–505, Title III, § 302, Nov. 13, 2000, 114 Stat. 2330, provided that:

"Congress finds that—

"(1) the National Institutes of Health is the principal source of Federal funding for medical research at universities and other research institutions in the United States;

"(2) the National Institutes of Health has received a substantial increase in research funding from Congress for the purpose of expanding the national investment of the United States in behavioral and biomedical research;

"(3) the infrastructure of our research institutions is central to the continued leadership of the United States in medical research;

"(4) as Congress increases the investment in cutting-edge basic and clinical research, it is critical that Congress also examine the current quality of the laboratories and buildings where research is being conducted, as well as the quality of laboratory equipment used in research;

"(5) many of the research facilities and laboratories in the United States are outdated and inadequate;

"(6) the National Science Foundation found, in a 1998 report on the status of biomedical research facilities, that over 60 percent of research-performing institutions indicated that they had an inadequate amount of medical research space;

"(7) the National Science Foundation reports that academic institutions have deferred nearly $11,000,000,000 in renovation and construction projects because of a lack of funds; and

"(8) future increases in Federal funding for the National Institutes of Health must include increased support for the renovation and construction of extramural research facilities in the United States and the purchase of state-of-the-art laboratory instrumentation."

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 287a–3. Construction of regional centers for research on primates

(a) With respect to activities carried out by the National Center for Research Resources to support regional centers for research on primates, the Director of NIH may, for each of the fiscal years 2000 through 2002, reserve from the amounts appropriated under section 287a–2(i) of this title such sums as necessary for the purpose of making awards of grants and contracts to public or nonprofit private entities to construct, renovate, or otherwise improve such regional centers. The reservation of such amounts for any fiscal year is subject to the availability of qualified applicants for such awards.

(b) The Director of NIH may not make a grant or enter into a contract under subsection (a) of this section unless the applicant for such assistance agrees, with respect to the costs to be incurred by the applicant in carrying out the purpose described in such subsection, to make available (directly or through donations from public or private entities) non-Federal contributions in cash toward such costs in an amount equal to not less than $1 for each $4 of Federal funds provided in such assistance.

(July 1, 1944, c. 373, Title IV, § 481B, as added June 10, 1993, Pub.L. 103–43, Title XV, § 1503, 107 Stat. 178, and amended Nov. 13, 1998, Pub.L. 105–392, Title IV, § 411, 112 Stat. 3590; Nov. 13, 2000, Pub.L. 106–505, Title III, § 304, 114 Stat. 2335.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

2000 Acts. House Report No. 106–634, see 2000 U.S. Code Cong. and Adm. News, p. 2168.

Codifications

Pub.L. 106–505, § 304 directed the amendment of (a) by striking "1994" and all that follows through "$5,000,000" and inserting "2000 through 2002, reserve from the amounts appropriated under section 481A(i) such sums as necessary" without taking in to account the previous amendment by Pub.L. 105–392, § 411 which substituted "up to $2,500,000" for $5,000,000". The amendment by Pub.L. 106–505, § 304, was executed to subsec. (a) by striking "1994" and all that follows through "up to $2,500,000" as the probable intent of Congress.

Amendments

2000 Amendments. Subsec. (a). Pub.L. 106–505, § 304, struck out "1994 through 1996, reserve from the amounts appropriated under section 287a–2(h) of this title up to $2,500,000" and inserted "2000 through 2002, reserve from the amounts appropriated under section 287a–2(i) of this title such sums as necessary". See Codifications Note.

1998 Amendments. Subsec. (a). Pub.L. 105–392, § 411, substituted "may" for "shall" and substituted "up to $2,500,000" for "$5,000,000".

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 287a–3a. Sanctuary system for surplus chimpanzees

(a) In general

The Secretary shall provide for the establishment and operation in accordance with this section of a system to provide for the lifetime care of chimpanzees that have been used, or were bred or purchased for use, in research conducted or supported by the National Institutes of Health, the Food and Drug Administration, or other agencies of the Federal Government, and with respect to which it has been determined by the Secretary that the chimpanzees are not needed for such research (in this section referred to as "surplus chimpanzees").

(b) Administration of sanctuary system

The Secretary shall carry out this section, including the establishment of regulations under subsection (d), in consultation with the board of directors of the nonprofit private entity that receives the contract under subsection (e) (relating to the operation of the sanctuary system).

(c) Acceptance of chimpanzees into system

All surplus chimpanzees owned by the Federal Government shall be accepted into the sanctuary system. Subject to standards under subsection (d)(4), any chimpanzee that is not owned by the Federal Government can be accepted into the system if the owner transfers to the sanctuary system title to the chimpanzee.

(d) Standards for permanent retirement of surplus chimpanzees

(1) In general

Not later than 180 days after December 20, 2000, the Secretary shall by regulation establish standards for operating the sanctuary system to provide for the permanent retirement of surplus chimpanzees. In establishing the standards, the Secretary shall consider the recommendations of the board of directors of the nonprofit private entity that receives the contract under subsection (e), and shall consider the recommendations of the National Research Council applicable to surplus chimpanzees that are made in the report published in 1997 and entitled "Chimpanzees in Research—Strategies for Their Ethical Care, Management, and Use".

(2) Chimpanzees accepted into system

With respect to chimpanzees that are accepted into the sanctuary system, standards under paragraph (1) shall include the following:

(A) A prohibition that the chimpanzees may not be used for research, except as authorized under paragraph (3).

(B) Provisions regarding the housing of the chimpanzees.

(C) Provisions regarding the behavioral well-being of the chimpanzees.

(D) A requirement that the chimpanzees be cared for in accordance with the Animal Welfare Act.

(E) A requirement that the chimpanzees be prevented from breeding.

(F) A requirement that complete histories be maintained on the health and use in research of the chimpanzees.

(G) A requirement that the chimpanzees be monitored for the purpose of promptly detecting the presence in the chimpanzees of any condition that may be a threat to the public health or the health of other chimpanzees.

(H) A requirement that chimpanzees posing such a threat be contained in accordance with applicable recommendations of the Director of the Centers for Disease Control and Prevention.

(I) A prohibition that none of the chimpanzees may be subjected to euthanasia, except as in the best interests of the chimpanzee involved, as determined by the system and an attending veterinarian.

(J) A prohibition that the chimpanzees may not be discharged from the system. If any chimpanzee is removed from a sanctuary facility for purposes of research authorized under paragraph (3)(A)(ii), the chimpanzee shall be

returned immediately upon the completion of that research. All costs associated with the removal of the chimpanzee from the facility, with the care of the chimpanzee during such absence from the facility, and with the return of the chimpanzee to the facility shall be the responsibility of the entity that obtains approval under such paragraph regarding use of the chimpanzee and removes the chimpanzee from the sanctuary facility.

(K) A provision that the Secretary may, in the discretion of the Secretary, accept into the system chimpanzees that are not surplus chimpanzees.

(L) Such additional standards as the Secretary determines to be appropriate.

(3) Restrictions regarding research

(A) In general

For purposes of paragraph (2)(A), standards under paragraph (1) shall provide that a chimpanzee accepted into the sanctuary system may not be used for studies or research, except as provided in clause (i) or (ii), as follows:

(i) The chimpanzee may be used for noninvasive behavioral studies or medical studies based on information collected during the course of normal veterinary care that is provided for the benefit of the chimpanzee, provided that any such study involves minimal physical and mental harm, pain, distress, and disturbance to the chimpanzee and the social group in which the chimpanzee lives.

(ii) The chimpanzee may be used in research if—

(I) the Secretary finds that there are special circumstances in which there is need for that individual, specific chimpanzee (based on that chimpanzee's prior medical history, prior research protocols, and current status), and there is no chimpanzee with a similar history and current status that is reasonably available among chimpanzees that are not in the sanctuary system;

(II) the Secretary finds that there are technological or medical advancements that were not available at the time the chimpanzee entered the sanctuary system, and that such advancements can and will be used in the research;

(III) the Secretary finds that the research is essential to address an important public health need; and

(IV) the design of the research involves minimal pain and physical harm to the chimpanzee, and otherwise minimizes mental harm, distress, and disturbance to the chimpanzee and the social group in which the chimpanzee lives (including with respect to removal of the chimpanzee from the sanctuary facility involved).

(B) Approval of research design

(i) Evaluation by sanctuary board

With respect to a proposed use in research of a chimpanzee in the sanctuary system under subparagraph (A)(ii), the board of directors of the nonprofit private entity that receives the contract under subsection (e) shall, after consultation with the head of the sanctuary facility in which the chimpanzee has been placed and with the attending veterinarian, evaluate whether the design of the research meets the conditions described in subparagraph (A)(ii)(IV) and shall submit to the Secretary the findings of the evaluation.

(ii) Acceptance of board findings

The Secretary shall accept the findings submitted to the Secretary under clause (i) by the board of directors referred to in such clause unless the Secretary makes a determination that the findings of the board are arbitrary or capricious.

(iii) Public participation

With respect to a proposed use in research of a chimpanzee in the sanctuary system under subparagraph (A)(ii), the proposal shall not be approved until—

(I) the Secretary publishes in the Federal Register the proposed findings of the Secretary under such subparagraph, the findings of the evaluation by the board under clause (i) of this subparagraph, and the proposed evaluation by the Secretary under clause (ii) of this subparagraph; and

(II) the Secretary seeks public comment for a period of not less than 60 days.

(C) Additional restriction

For purposes of paragraph (2)(A), a condition for the use in studies or research of a chimpanzee accepted into the sanctuary system is (in addition to conditions under subparagraphs (A) and (B) of this paragraph) that the applicant for such use has not been fined for, or signed a consent decree for, any violation of the Animal Welfare Act.

(4) Non-Federal chimpanzees offered for acceptance into system

With respect to a chimpanzee that is not owned by the Federal Government and is offered for acceptance into the sanctuary system, standards under paragraph (1) shall include the following:

(A) A provision that the Secretary may authorize the imposition of a fee for accepting such chimpanzee into the system, except as follows:

(i) Such a fee may not be imposed for accepting the chimpanzee if, on the day before the date of the enactment of this section, the chimpanzee was owned by the nonprofit private entity that receives the contract under subsection (e) or by any individual sanctuary facility receiving a subcontract or grant under subsection (e)(1).

(ii) Such a fee may not be imposed for accepting the chimpanzee if the chimpanzee is owned by an entity that operates a primate center, and if the chimpanzee is housed in the primate center pursuant to the program for regional centers for research on primates that is carried out by the National Center for Research Resources.

Any fees collected under this subparagraph are available to the Secretary for the costs of operating the system. Any other fees received by the Secretary for the long-term care of chimpanzees (including any Federal fees that are collected for such purpose and are identified in the report under section 3 of the Chimpanzee Health Improvement, Maintenance, and Protection Act) are available for operating the system, in addition to availability for such other purposes as may be authorized for the use of the fees.

(B) A provision that the Secretary may deny such chimpanzee acceptance into the system if the capacity of the system is not sufficient to accept the chimpanzee, taking into account the physical capacity of the system; the financial resources of the system; the number of individuals serving as the staff of the system, including the number of professional staff; the necessity of providing for the safety of the staff and of the public; the necessity of caring for accepted chimpanzees in accordance with the standards under paragraph (1); and such other factors as may be appropriate.

(C) A provision that the Secretary may deny such chimpanzee acceptance into the system if a complete history of the health and use in research of the chimpanzee is not available to the Secretary.

(D) Such additional standards as the Secretary determines to be appropriate.

(e) Award of contract for operation of system

(1) In general

Subject to the availability of funds pursuant to subsection (g), the Secretary shall make an award of a contract to a nonprofit private entity under which the entity has

the responsibility of operating (and establishing, as applicable) the sanctuary system and awarding subcontracts or grants to individual sanctuary facilities that meet the standards under subsection (d).

(2) Requirements

The Secretary may make an award under paragraph (1) to a nonprofit private entity only if the entity meets the following requirements:

(A) The entity has a governing board of directors that is composed and appointed in accordance with paragraph (3) and is satisfactory to the Secretary.

(B) The terms of service for members of such board are in accordance with paragraph (3).

(C) The members of the board serve without compensation. The members may be reimbursed for travel, subsistence, and other necessary expenses incurred in carrying out the duties of the board.

(D) The entity has an executive director meeting such requirements as the Secretary determines to be appropriate.

(E) The entity makes the agreement described in paragraph (4) (relating to non-Federal contributions).

(F) The entity agrees to comply with standards under subsection (d).

(G) The entity agrees to make necropsy reports on chimpanzees in the sanctuary system available on a reasonable basis to persons who conduct biomedical or behavioral research, with priority given to such persons who are Federal employees or who receive financial support from the Federal Government for research.

(H) Such other requirements as the Secretary determines to be appropriate.

(3) Board of directors

For purposes of subparagraphs (A) and (B) of paragraph (2):

(A) The governing board of directors of the nonprofit private entity involved is composed and appointed in accordance with this paragraph if the following conditions are met:

(i) Such board is composed of not more than 13 voting members.

(ii) Such members include individuals with expertise and experience in the science of managing captive chimpanzees (including primate veterinary care), appointed from among individuals endorsed by organizations that represent individuals in such field.

(iii) Such members include individuals with expertise and experience in the field of animal protection, appointed from among individuals endorsed by organizations that represent individuals in such field.

(iv) Such members include individuals with expertise and experience in the zoological field (including behavioral primatology), appointed from among individuals endorsed by organizations that represent individuals in such field.

(v) Such members include individuals with expertise and experience in the field of the business and management of nonprofit organizations, appointed from among individuals endorsed by organizations that represent individuals in such field.

(vi) Such members include representatives from entities that provide accreditation in the field of laboratory animal medicine.

(vii) Such members include individuals with expertise and experience in the field of containing biohazards.

(viii) Such members include an additional member who serves as the chair of the board, appointed from among individuals who have been endorsed for purposes of clause (ii), (iii), (iv), or (v).

(ix) None of the members of the board has been fined for, or signed a consent decree for, any violation of the Animal Welfare Act.

(B) The terms of service for members of the board of directors are in accordance with this paragraph if the following conditions are met:

(i) The term of the chair of the board is 3 years.

(ii) The initial members of the board select, by a random method, one member from each of the six fields specified in subparagraph (A) to serve a term of 2 years and (in addition to the chair) one member from each of such fields to serve a term of 3 years.

(iii) After the initial terms under clause (ii) expire, each member of the board (other than the chair) is appointed to serve a term of 2 years.

(iv) An individual whose term of service expires may be reappointed to the board.

(v) A vacancy in the membership of the board is filled in the manner in which the original appointment was made.

(vi) If a member of the board does not serve the full term applicable to the member, the individual appointed to fill the resulting vacancy is appointed for the remainder of the term of the predecessor member.

(4) Requirement of matching funds

The agreement required in paragraph (2)(E) for a nonprofit private entity (relating to the award of the contract under paragraph (1)) is an agreement that, with respect to the costs to be incurred by the entity in establishing and operating the sanctuary system, the entity will make available (directly or through donations from public or private entities) non-Federal contributions toward such costs, in cash or in kind, in an amount not less than the following, as applicable:

(A) For expenses associated with establishing the sanctuary system (as determined by the Secretary), 10 percent of such costs ($1 for each $9 of Federal funds provided under the contract under paragraph (1)).

(B) For expenses associated with operating the sanctuary system (as determined by the Secretary), 25 percent of such costs ($1 for each $3 of Federal funds provided under such contract).

(5) Establishment of contract entity

If the Secretary determines that an entity meeting the requirements of paragraph (2) does not exist, not later than 60 days after December 20, 2000, the Secretary shall, for purposes of paragraph (1), make a grant for the establishment of such an entity, including paying the cost of incorporating the entity under the law of one of the States.

(f) Definitions

For purposes of this section:

(1) Permanent retirement

The term "permanent retirement", with respect to a chimpanzee that has been accepted into the sanctuary system, means that under subsection (a) the system provides for the lifetime care of the chimpanzee, that under subsection (d)(2) the system does not permit the chimpanzee to be used in research (except as authorized under subsection (d)(3)) or to be euthanized (except as provided in subsection (d)(2)(I)), that under subsection (d)(2) the system will not discharge the chimpanzee from the system, and that under such subsection the system otherwise cares for the chimpanzee.

(2) Sanctuary system

The term "sanctuary system" means the system described in subsection (a).

(3) Secretary

The term "Secretary" means the Secretary of Health and Human Services.

(4) Surplus chimpanzees

The term "surplus chimpanzees" has the meaning given that term in subsection (a).

(g) Funding

(1) In general

Of the amount appropriated under this Act for fiscal year 2001 and each subsequent fiscal year, the Secretary, subject to paragraph (2), shall reserve a portion for purposes of the operation (and establishment, as applicable) of the sanctuary system and for purposes of paragraph (3), except that the Secretary may not for such purposes reserve any further funds from such amount after the aggregate total of the funds so reserved for such fiscal years reaches $30,000,000. The purposes for which funds reserved under the preceding sentence may be expended include the construction and renovation of facilities for the sanctuary system.

(2) Limitation

Funds may not be reserved for a fiscal year under paragraph (1) unless the amount appropriated under this Act for such year equals or exceeds the amount appropriated under this Act for fiscal year 1999.

(3) Use of funds for other compliant facilities

With respect to amounts reserved under paragraph (1) for a fiscal year, the Secretary may use a portion of such amounts to make awards of grants or contracts to public or private entities operating facilities that, as determined by the board of directors of the nonprofit private entity that receives the contract under subsection (e), provide for the retirement of chimpanzees in accordance with the same standards that apply to the sanctuary system pursuant to regulations under subsection (d). Such an award may be expended for the expenses of operating the facilities involved.

(July 1, 1944, c. 373, Title IV, § 481C, as added Dec. 20, 2000, Pub.L. 106–551, § 2, 114 Stat. 2752.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

2000 Acts. Statement by President, see 2000 U.S. Code Cong. and Adm. News, p. 2343.

References in Text

The Animal Welfare Act, referred to in text, is Pub.L. 89–544, Aug. 24, 1966, 80 Stat. 350, as amended, which is classified principally to 7 U.S.C.A. § 2131 et seq. See Tables for complete classification

Section 3 of the Chimpanzee Health Improvement, Maintenance, and Protection Act, referred to in subsec. (d)(4), is Pub.L. 106–551, § 3, Dec. 20, 2000, 114 Stat. 2759, which is set out as a note under this section.

This Act, referred to in subsec. (g), is Pub.L. 106–551, Dec. 20, 2000, 114 Stat. 2752, known as the Chimpanzee Health Improvement, Maintenance, and Protection Act, which is classified principally to this section. See Tables for complete classification

Codifications

Another section 481C of the Public Health Service Act was added by Pub.L. 106–505, Title II, § 204(a), Nov. 13, 2000, 114 Stat. 2327, and is classified to section 287a–4 of this title.

Report to Congress Regarding Number of Chimpanzees and Funding for Care of Chimpanzees

Pub.L. 106–551, § 3, Dec. 20, 2000, 114 Stat. 2759, provided that:

"With respect to chimpanzees that have been used, or were bred or purchased for use, in research conducted or supported by the National Institutes of Health, the Food and Drug Administration, or other agencies of the Federal Government, the Secretary of Health and Human Services shall, not later than 365 days after the date of the enactment of this Act [Dec. 20, 2000], submit to Congress a report providing the following information:

"(1) The number of such chimpanzees in the United States, whether owned or held by the Federal Government, any of the States, or private entities.

"(2) An identification of any requirement imposed by the Federal Government that, as a condition of the use of such a chimpanzee in research by a non-Federal entity—

"(A) fees be paid by the entity to the Federal Government for the purpose of providing for the care of the chimpanzee (including any fees for long-term care); or

"(B) funds be provided by the entity to a State, unit of local government, or private entity for an endowment or other financial account whose purpose is to provide for the care of the chimpanzee (including any funds provided for long-term care).

"(3) An accounting for fiscal years 1999 and 2000 of all fees paid and funds provided by non-Federal entities pursuant to requirements described in subparagraphs (A) and (B) of paragraph (2).

"(4) In the case of such fees, a specification of whether the fees were available to the Secretary (or other Federal officials) pursuant to annual appropriations Acts or pursuant to permanent appropriations."

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 287a–4. General clinical research centers

(a) Grants

The Director of the National Center for Research Resources shall award grants for the establishment of general clinical research centers to provide the infrastructure for clinical research including clinical research training and career enhancement. Such centers shall support clinical studies and career development in all settings of the hospital or academic medical center involved.

(b) Activities

In carrying out subsection (a), the Director of National Institutes of Health shall expand the activities of the general clinical research centers through the increased use of telecommunications and telemedicine initiatives.

(c) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each fiscal year.

(July 1, 1944, c. 373, Title IV, § 481C, as added Nov. 13, 2000, Pub.L. 106–505, Title II, § 204(a), 114 Stat. 2327.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

2000 Acts. House Report No. 106–634, see 2000 U.S. Code Cong. and Adm. News, p. 2168.

Codifications

Another section 481C of the Public Health Service Act was added by Pub.L. 106–551, § 2, Dec. 20, 2000, 114 Stat. 2752, and is classified to section 287a–3a of this title.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

Subpart 3—National Center for Human Genome Research

HISTORICAL AND STATUTORY NOTES

Amendments

1993 Amendments. Pub.L. 103–43, Title XV, § 1511(b)(3)(B), June 10, 1993, 107 Stat. 179, struck out former subpart 3 designation and heading which read "Subpart 3—National Center for Nursing Research".

Pub.L. 103–43, Title XV, § 1521(2), June 10, 1993, 107 Stat. 180, added subpart designation and heading.

§ 287c. Purpose of Center

(a) General purpose

The general purpose of the National Center for Human Genome Research (in this subpart referred to as the "Center") is to characterize the structure and function of the human genome, including the mapping and sequencing of individual genes. Such purpose includes—

(1) planning and coordinating the research goal of the genome project;

(2) reviewing and funding research proposals;

(3) developing training programs;

(4) coordinating international genome research;

(5) communicating advances in genome science to the public; and

(6) reviewing and funding proposals to address the ethical and legal issues associated with the genome project (including legal issues regarding patents).

(b) Research training

The Director of the Center may conduct and support research training—

(1) for which fellowship support is not provided under section 288 of this title; and

(2) that is not residency training of physicians or other health professionals.

(c) Amount available for ethical and legal issues

(1) Except as provided in paragraph (2), of the amounts appropriated to carry out subsection (a) of this section for a fiscal year, the Director of the Center shall make available not less than 5 percent for carrying out paragraph (6) of such subsection.

(2) With respect to providing funds under subsection (a)(6) of this section for proposals to address the ethical issues associated with the genome project, paragraph (1) shall not apply for a fiscal year if the Director of the Center certifies to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, that the Director has determined that an insufficient number of such proposals meet the applicable requirements of sections 289 and 289a of this title.

(July 1, 1944, c. 373, Title IV, § 485B, as added June 10, 1993, Pub.L. 103–43, Title XV, § 1521(2), 107 Stat. 180.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

Change of Name

Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.

Prior Provisions

A prior section 287c, Act July 1, 1944, c. 373, Title IV, § 483, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 867, which related to the purpose of the National Center for Nursing Research, was renumbered section 464V of Act July 1, 1944 and transferred to section 285q of this title by section 1511(b)(2) of Pub.L. 103–43.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§§ 287c–1 to 287c–3. Transferred

HISTORICAL AND STATUTORY NOTES

Codifications

Sections 287c–1 to 287c–3 of this title, which were sections 484 to 485A of Act July 1, 1944, were renumbered sections 464W to 464Y of Act July 1, 1944, respectively, and were transferred to section 285q–1 to 285q–3 of this title by section 1511 of Pub.L. 103–43.

Subpart 4—Office of Dietary Supplements

§ 287c–11. Dietary supplements

(a) Establishment

The Secretary shall establish an Office of Dietary Supplements within the National Institutes of Health.

(b) Purpose

The purposes of the Office are—

(1) to explore more fully the potential role of dietary supplements as a significant part of the efforts of the United States to improve health care; and

(2) to promote scientific study of the benefits of dietary supplements in maintaining health and preventing chronic disease and other health-related conditions.

(c) Duties

The Director of the Office of Dietary Supplements shall—

(1) conduct and coordinate scientific research within the National Institutes of Health relating to dietary supplements and the extent to which the use of dietary supplements can limit or reduce the risk of diseases such as heart disease, cancer, birth defects, osteoporosis, cataracts, or prostatism;

(2) collect and compile the results of scientific research relating to dietary supplements, including scientific data from foreign sources or the Office of Alternative Medicine;

(3) serve as the principal advisor to the Secretary and to the Assistant Secretary for Health and provide advice to the Director of the National Institutes of Health, the Director of the Centers for Disease Control and Prevention, and the Commissioner of Food and Drugs on issues relating to dietary supplements including—

(A) dietary intake regulations;

(B) the safety of dietary supplements;

(C) claims characterizing the relationship between—

(i) dietary supplements; and

(ii)(I) prevention of disease or other health-related conditions; and

(II) maintenance of health; and

(D) scientific issues arising in connection with the labeling and composition of dietary supplements;

(4) compile a database of scientific research on dietary supplements and individual nutrients; and

(5) coordinate funding relating to dietary supplements for the National Institutes of Health.

(d) "Dietary supplement" defined

As used in this section, the term "dietary supplement" has the meaning given the term in section 321(ff) of Title 21.

(e) Authorization of appropriations

There are authorized to be appropriated to carry out this section $5,000,000 for fiscal year 1994 and such sums as may be necessary for each subsequent fiscal year.

(July 1, 1944, c. 373, Title IV, § 485C, as added Oct. 25, 1994, Pub.L. 103–417, § 13(a), 108 Stat. 4334.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1994 Acts. Agreement Statement, see 1994 U.S. Code Cong. and Adm. News, p. 3523.

Subpart 5—National Center for Complementary and Alternative Medicine

§ 287c–21. Purpose of Center

(a) In general

The general purposes of the National Center for Complementary and Alternative Medicine (in this subpart referred to as the "Center") are the conduct and support of basic and applied research (including both intramural and extramural research), research training, the dissemination of health information, and other programs with respect to identifying, investigating, and validating complementary and alternative

treatment, diagnostic and prevention modalities, disciplines and systems. The Center shall be headed by a director, who shall be appointed by the Secretary. The Director of the Center shall report directly to the Director of NIH.

(b) Advisory council

The Secretary shall establish an advisory council for the Center in accordance with section 284a of this title, except that at least half of the members of the advisory council who are not ex officio members shall include practitioners licensed in one or more of the major systems with which the Center is concerned, and at least 3 individuals representing the interests of individual consumers of complementary and alternative medicine.

(c) Complement to conventional medicine

In carrying out subsection (a), the Director of the Center shall, as appropriate, study the integration of alternative treatment, diagnostic and prevention systems, modalities, and disciplines with the practice of conventional medicine as a complement to such medicine and into health care delivery systems in the United States.

(d) Appropriate scientific expertise and coordination with Institutes and Federal agencies

The Director of the Center, after consultation with the advisory council for the Center and the division of research grants, shall ensure that scientists with appropriate expertise in research on complementary and alternative medicine are incorporated into the review, oversight, and management processes of all research projects and other activities funded by the Center. In carrying out this subsection, the Director of the Center, as necessary, may establish review groups with appropriate scientific expertise. The Director of the Center shall coordinate efforts with other Institutes and Federal agencies to ensure appropriate scientific input and management.

(e) Evaluation of various disciplines and systems

In carrying out subsection (a), the Director of the Center shall identify and evaluate alternative and complementary medical treatment, diagnostic and prevention modalities in each of the disciplines and systems with which the Center is concerned, including each discipline and system in which accreditation, national certification, or a State license is available.

(f) Ensuring high quality, rigorous scientific review

In order to ensure high quality, rigorous scientific review of complementary and alternative, diagnostic and prevention modalities, disciplines and systems, the Director of the Center shall conduct or support the following activities:

(1) Outcomes research and investigations.

(2) Epidemiological studies.

(3) Health services research.

(4) Basic science research.

(5) Clinical trials.

(6) Other appropriate research and investigational activities.

The Director of NIH, in coordination with the Director of the Center, shall designate specific personnel in each Institute to serve as full-time liaisons with the Center in facilitating appropriate coordination and scientific input.

(g) Data system; information clearinghouse

(1) Data system

The Director of the Center shall establish a bibliographic system for the collection, storage, and retrieval of worldwide research relating to complementary and alternative treatment, diagnostic and prevention modalities, disciplines and systems. Such a system shall be regularly updated and publicly accessible.

(2) Clearinghouse

The Director of the Center shall establish an information clearinghouse to facilitate and enhance, through the effective dissemination of information, knowl-

edge and understanding of alternative medical treatment, diagnostic and prevention practices by health professionals, patients, industry, and the public.

(h) Research centers

The Director of the Center, after consultation with the advisory council for the Center, shall provide support for the development and operation of multipurpose centers to conduct research and other activities described in subsection (a) with respect to complementary and alternative treatment, diagnostic and prevention modalities, disciplines and systems. The provision of support for the development and operation of such centers shall include accredited complementary and alternative medicine research and education facilities.

(i) Availability of resources

After consultation with the Director of the Center, the Director of NIH shall ensure that resources of the National Institutes of Health, including laboratory and clinical facilities, fellowships (including research training fellowship and junior and senior clinical fellowships), and other resources are sufficiently available to enable the Center to appropriately and effectively carry out its duties as described in subsection (a). The Director of NIH, in coordination with the Director of the Center, shall designate specific personnel in each Institute to serve as full-time liaisons with the Center in facilitating appropriate coordination and scientific input.

(j) Availability of appropriations

Amounts appropriated to carry out this section for fiscal year 1999 are available for obligation through September 30, 2001. Amounts appropriated to carry out this section for fiscal year 2000 are available for obligation through September 30, 2001.

(July 1, 1944, c. 373, Title IV, § 485D, as added Oct. 21, 1998, Pub.L. 105–277, Div. A, § 101(f) [Title VI, § 601(2)], 112 Stat. 2681–387.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1998 Acts. Statement by President, see 1998 U.S. Code Cong. and Adm. News, p. 582.

EXECUTIVE ORDERS

EXECUTIVE ORDER NO. 13147

Mar. 7, 2000, 65 F.R. 13233, as amended by Ex. Ord. No. 13167, Sept. 15, 2000, 65 F.R. 57079

WHITE HOUSE COMMISSION ON COMPLEMENTARY AND ALTERNATIVE MEDICINE POLICY

By the authority vested in me as President by the Constitution and the laws of the United States of America, including the Federal Advisory Committee Act, as amended (5 U.S.C. App.), and in order to establish the White House Commission on Complementary and Alternative Medicine Policy, it is hereby ordered as follows:

Section 1. Establishment. There is established in the Department of Health and Human Services (Department) the White House Commission on Complementary and Alternative Medicine Policy (Commission). The Commission shall be composed of up to 20 members appointed by the President from knowledgeable representatives in health care practice and complementary and alternative medicine. The President shall designate a Chair from among the members of the Commission. The Secretary of Health and Human Services (Secretary) shall appoint an Executive Director for the Commission.

Sec. 2. Functions. The Commission shall provide a report, through the Secretary, to the President on legislative and administrative recommendations for assuring that public policy maximizes the benefits to Americans of complementary and alternative medicine. The recommendations shall address the following:

(a) the education and training of health care practitioners in complementary and alternative medicine;

(b) coordinated research to increase knowledge about complementary and alternative medicine practices and products;

(c) the provision to health care professionals of reliable and useful information about complementary and alternative medicine that can be made readily accessible and understandable to the general public; and

(d) guidance for appropriate access to and delivery of complementary and alternative medicine.

Sec. 3. Administration. (a) To the extent permitted by law, the heads of executive departments and agencies shall provide the Commission, upon request, with such information and

assistance as it may require for the purpose of carrying out its functions.

(b) Each member of the Commission shall receive compensation at a rate equal to the daily equivalent of the annual rate specified for Level IV of the Executive Schedule (5 U.S.C. 5315) for each day during which the member is engaged in the performance of the duties of the Commission. While away from their homes or regular places of business in the performance of the duties of the Commission, members shall be allowed travel expenses, including per diem in lieu of subsistence, as authorized by law for persons serving intermittently in Government service (5 U.S.C. 5701–5707).

(c) The Department shall provide the Commission with funding and with administrative services, facilities, staff, and other support services necessary for the performance of the Commission's functions.

(d) In accordance with guidelines issued by the Administrator of General Services, the Secretary shall perform the functions of the President under the Federal Advisory Committee Act, as amended (5 U.S.C. App.), with respect to the Commission, except that of reporting to the Congress.

(e) The Commission shall terminate 2 years from the date of this order unless extended by the President prior to such date.

WILLIAM J. CLINTON

LIBRARY REFERENCES

American Digest System

United States ⚷53.

Encyclopedias

C.J.S. United States § 65.

WESTLAW ELECTRONIC RESEARCH

United States cases: 393k[add key number]
See, also, WESTLAW guide following the Explanation pages of this volume.

Subpart 6—Establishment of National Center on Minority Health and Health Disparities

§ 287c–31. Purpose of Center

(a) In general

The general purpose of the National Center on Minority Health and Health Disparities (in this subpart referred to as the "Center") is the conduct and support of research, training, dissemination of information, and other programs with respect to minority health conditions and other populations with health disparities.

(b) Priorities

The Director of the Center shall in expending amounts appropriated under this subpart give priority to conducting and supporting minority health disparities research.

(c) Minority health disparities research

For purposes of this subpart:

(1) The term "minority health disparities research" means basic, clinical, and behavioral research on minority health conditions (as defined in paragraph (2)), including research to prevent, diagnose, and treat such conditions.

(2) The term "minority health conditions", with respect to individuals who are members of minority groups, means all diseases, disorders, and conditions (including with respect to mental health and substance abuse)—

(A) unique to, more serious, or more prevalent in such individuals;

(B) for which the factors of medical risk or types of medical intervention may be different for such individuals, or for which it is unknown whether such factors or types are different for such individuals; or

(C) with respect to which there has been insufficient research involving such individuals as subjects or insufficient data on such individuals.

(3) The term 'minority group" has the meaning given the term "racial and ethnic minority group" in section 300u–6 of this section.

(4) The terms "minority" and "minorities" refer to individuals from a minority group.

(d) Health disparity populations

For purposes of this subpart:

(1) A population is a health disparity population if, as determined by the Director of the Center after consultation with the Director of the Agency for Healthcare Research and Quality, there is a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates in the population as compared to the health status of the general population.

(2) The Director shall give priority consideration to determining whether minority groups qualify as health disparity populations under paragraph (1).

(3) The term "health disparities research" means basic, clinical, and behavioral research on health disparity populations (including individual members and communities of such populations) that relates to health disparities as defined under paragraph (1), including the causes of such disparities and methods to prevent, diagnose, and treat such disparities.

(e) Coordination of activities

The Director of the Center shall act as the primary Federal official with responsibility for coordinating all minority health disparities research and other health disparities research conducted or supported by the National Institutes of Health, and—

(1) shall represent the health disparities research program of the National Institutes of Health, including the minority health disparities research program, at all relevant Executive branch task forces, committees and planning activities; and

(2) shall maintain communications with all relevant Public Health Service agencies, including the Indian Health Service, and various other departments of the Federal Government to ensure the timely transmission of information concerning advances in minority health disparities research and other health disparities research between these various agencies for dissemination to affected communities and health care providers.

(f) Collaborative comprehensive plan and budget

(1) In general

Subject to the provisions of this section and other applicable law, the Director of NIH, the Director of the Center, and the directors of the other agencies of the National Institutes of Health in collaboration (and in consultation with the advisory council for the Center) shall—

(A) establish a comprehensive plan and budget for the conduct and support of all minority health disparities research and other health disparities research activities of the agencies of the National Institutes of Health (which plan and budget shall be first established under this subsection not later than 12 months after November 22, 2000);

(B) ensure that the plan and budget establish priorities among the health disparities research activities that such agencies are authorized to carry out;

(C) ensure that the plan and budget establish objectives regarding such activities, describes the means for achieving the objectives, and designates the date by which the objectives are expected to be achieved;

(D) ensure that, with respect to amounts appropriated for activities of the Center, the plan and budget give priority in the expenditure of funds to conducting and supporting minority health disparities research;

(E) ensure that all amounts appropriated for such activities are expended in accordance with the plan and budget;

(F) review the plan and budget not less than annually, and revise the plan and budget as appropriate;

(G) ensure that the plan and budget serve as a broad, binding statement of policies regarding minority health disparities research and other health disparities research activities of the agencies, but do not remove the responsibility of the heads of the agencies for the approval of specific programs or projects, or for other details of the daily administration of such activities, in accordance with the plan and budget; and

(H) promote coordination and collaboration among the agencies conducting or supporting minority health or other health disparities research.

(2) Certain components of plan and budget

With respect to health disparities research activities of the agencies of the National Institutes of Health, the Director of the Center shall ensure that the plan and budget under paragraph (1) provide for—

(A) basic research and applied research, including research and development with respect to products;

(B) research that is conducted by the agencies;

(C) research that is supported by the agencies;

(D) proposals developed pursuant to solicitations by the agencies and for proposals developed independently of such solicitations; and

(E) behavioral research and social sciences research, which may include cultural and linguistic research in each of the agencies.

(3) Minority health disparities research

The plan and budget under paragraph (1) shall include a separate statement of the plan and budget for minority health disparities research.

(g) Participation in clinical research

The Director of the Center shall work with the Director of NIH and the directors of the agencies of the National Institutes of Health to carry out the provisions of section 289a–2 of this title that relate to minority groups.

(h) Research endowments

(1) In general

The Director of the Center may carry out a program to facilitate minority health disparities research and other health disparities research by providing for research endowments at centers of excellence under section 293 of this title.

(2) Eligibility

The Director of the Center may provide for a research endowment under paragraph (1) only if the institution involved meets the following conditions:

(A) The institution does not have an endowment that is worth in excess of an amount equal to 50 percent of the national average of endowment funds at institutions that conduct similar biomedical research or training of health professionals.

(B) The application of the institution under paragraph (1) regarding a research endowment has been recommended pursuant to technical and scientific peer review and has been approved by the advisory council under subsection (j).

(i) Certain activities

In carrying out subsection (a), the Director of the Center—

(1) shall assist the Director of the National Center for Research Resources in carrying out section 287a–1 of this title and in committing resources for construction at Institutions of Emerging Excellence;

(2) shall establish projects to promote cooperation among Federal agencies, State, local, tribal, and regional public health agencies, and private entities in health disparities research; and

(3) may utilize information from previous health initiatives concerning minorities and other health disparity populations.

(j) Advisory council

(1) In general

The Secretary shall, in accordance with section 284a of this title, establish an advisory council to advise, assist, consult with, and make recommendations to the Director of the Center on matters relating to the activities described in subsection (a), and with respect to such activities to carry out any other functions described in section 284a of this title for advisory councils under such section. Functions under the preceding sentence shall include making recommendations on budgetary alloca-

tions made in the plan under subsection (f), and shall include reviewing reports under subsection (k) before the reports are submitted under such subsection.

(2) Membership

With respect to the membership of the advisory council under paragraph (1), a majority of the members shall be individuals with demonstrated expertise regarding minority health disparity and other health disparity issues; representatives of communities impacted by minority and other health disparities shall be included; and a diversity of health professionals shall be represented. The membership shall in addition include a representative of the Office of Behavioral and Social Sciences Research under section 283c of this title.

(k) Annual report

The Director of the Center shall prepare an annual report on the activities carried out or to be carried out by the Center, and shall submit each such report to the Committee on Health, Education, Labor, and Pensions of the Senate, the Committee on Commerce of the House of Representatives, the Secretary, and the Director of NIH. With respect to the fiscal year involved, the report shall—

(1) describe and evaluate the progress made in health disparities research conducted or supported by the national research institutes;

(2) summarize and analyze expenditures made for activities with respect to health disparities research conducted or supported by the National Institutes of Health;

(3) include a separate statement applying the requirements of paragraphs (1) and (2) specifically to minority health disparities research; and

(4) contain such recommendations as the Director considers appropriate.

(*l*) Authorization of appropriations

For the purpose of carrying out this subpart, there are authorized to be appropriated $100,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 through 2005. Such authorization of appropriations is in addition to other authorizations of appropriations that are available for the conduct and support of minority health disparities research or other health disparities research by the agencies of the National Institutes of Health.

(July 1, 1944, c. 373, Title IV, § 485E, as added Nov. 22, 2000, Pub.L. 106–525, Title I, § 101(a), 114 Stat. 2497.)

HISTORICAL AND STATUTORY NOTES

Effective and Applicability Provisions

2000 Acts. Amendments by Pub.L. 106–525, Title I, § 101(a), effective October 1, 2000 or November 22, 2000, whichever occurs later, see Pub.L. 106–525, § 603, set out as a note under 42 U.S.C.A. § 281.

Congressional Findings

Pub.L. 106–525, § 2, Nov. 22, 2000, 114 Stat. 2495, provided that:

"The Congress finds as follows:

"(1) Despite notable progress in the overall health of the Nation, there are continuing disparities in the burden of illness and death experienced by African Americans, Hispanics, Native Americans, Alaska Natives, and Asian Pacific Islanders, compared to the United States population as a whole.

"(2) The largest numbers of the medically underserved are white individuals, and many of them have the same health care access problems as do members of minority groups. Nearly 20,000,000 white individuals live below the poverty line with many living in nonmetropolitan, rural areas such as Appalachia, where the high percentage of counties designated as health professional shortage areas (47 percent) and the high rate of poverty contribute to disparity outcomes. However, there is a higher proportion of racial and ethnic minorities in the United States represented among the medically underserved.

"(3) There is a national need for minority scientists in the fields of biomedical, clinical, behavioral, and health services research. Ninety percent of minority physicians educated at Historically Black Medical Colleges live and serve in minority communities.

"(4) Demographic trends inspire concern about the Nation's ability to meet its future scientific, technological, and engineering workforce needs. Historically, non-Hispanic white males have made up the majority of the United States scientific, technological, and engineering workers.

"(5) The Hispanic and Black population will increase significantly in the next 50 years. The scientific, technological, and engineering workforce may decrease if participation by underrepresented minorities remains the same.

"(6) Increasing rates of Black and Hispanic workers can help ensure a strong scientific, technological, and engineering workforce.

"(7) Individuals such as underrepresented minorities and women in the scientific, technological, and engineering workforce enable society to address its diverse needs.

"(8) If there had not been a substantial increase in the number of science and engineering degrees awarded to women and underrepresented minorities over the past few decades, the United States would be facing even greater shortages in scientific, technological, and engineering workers.

"(9) In order to effectively promote a diverse and strong 21st century scientific, technological, and engineering workforce, Federal agencies should expand or add programs that effectively overcome barriers such as educational transition from one level to the next and student requirements for financial resources.

"(10) Federal agencies should work in concert with the private nonprofit sector to emphasize the recruitment and retention of qualified individuals from ethnic and gender groups that are currently underrepresented in the scientific, technological, and engineering workforce.

"(11) Behavioral and social sciences research has increased awareness and understanding of factors associated with health care utilization and access, patient attitudes toward health services, and risk and protective behaviors that affect health and illness. These factors have the potential to then be modified to help close the health disparities gap among ethnic minority populations. In addition, there is a shortage of minority behavioral science researchers and behavioral health care professionals. According to the National Science Foundation, only 15.5 percent of behavioral research- oriented psychology doctorate degrees were awarded to minority students in 1997. In addition, only 17.9 percent of practice-oriented psychology doctorate degrees were awarded to ethnic minorities."

[Amendments by Pub.L. 106–525, § 2, effective October 1, 2000 or November 22, 2000, whichever occurs later, see Pub.L. 106–525, § 603, set out as a note under 42 U.S.C.A. § 281.]

Report Regarding Resources of National Institutes of Health Dedicated to Minority and Other Health Disparities Research

Pub.L. 106–525, Title I, § 105, Nov. 22, 2000, 114 Stat. 2504, provided that:

"Not later than December 1, 2003, the Director of the National Center on Minority Health and Health Disparities (established by the amendment made by section 101(a)[Pub.L. 106–525, Title I, § 101(a), Nov. 22, 2000, 114 Stat. 2497, which enacted this section]), after consultation with the advisory council for such Center, shall submit to the Congress, the Secretary of Health and Human Services, and the Director of the National Institutes of Health a report that provides the following:

"(1) Recommendations for the methodology that should be used to determine the extent of the resources of the National Institutes of Health that are dedicated to minority health disparities research and other health disparities research, including determining the amount of funds that are used to conduct and support such research. With respect to such methodology, the report shall address any discrepancies between the methodology used by such Institutes as of the date of the enactment of this Act [Niv. 22, 2000] and the methodology used by the Institute of Medicine as of such date.

"(2) A determination of whether and to what extent, relative to fiscal year 1999, there has been an increase in the level of resources of the National Institutes of Health that are dedicated to minority health disparities research, including the amount of funds used to conduct and support such research. The report shall include provisions describing whether and to what extent there have been increases in the number and amount of awards to minority serving institutions."

[Amendments by Pub.L. 106–525, Title I, § 105, effective October 1, 2000 or November 22, 2000, whichever occurs later, see Pub.L. 106–525, § 603, set out as a note under 42 U.S.C.A. § 281.]

Public Awareness and Information Dissemination

Pub.L. 106–525, Title V, § 501, Nov. 22, 2000, 114 Stat. 2510, provided that:

"**(a) Public awareness on health disparities.**—The Secretary of Health and Human Services (in this section referred to as the 'Secretary") shall conduct a national campaign to inform the public and health care professionals about health disparities in minority and other underserved populations by disseminating information and materials available on specific diseases affecting these populations and programs and activities to address these disparities. The campaign shall—

"(1) have a specific focus on minority and other underserved communities with health disparities; and

"(2) include an evaluation component to assess the impact of the national campaign in raising awareness of health disparities and information on available resources.

"**(b) Dissemination of information on health disparities.**—The Secretary shall develop and implement a plan for the dissemination of information and findings with respect to health disparities under titles I, II, III, and IV of this Act [Pub.L. 106–525, Titles I to IV, Nov. 22, 2000, 114 Stat. 2497, 2505, 2507, 2508; see Tables for classification]. The plan shall—

"(1) include the participation of all agencies of the Department of Health and Human Services that are responsible for serving populations included in the health disparities research; and

"(2) have agency-specific strategies for disseminating relevant findings and information on health disparities and improving health care services to affected communities."

[Amendments by Pub.L. 106–525, Title V, § 501, effective October 1, 2000 or November 22,

2000, whichever occurs later, see Pub.L. 106–525, § 603, set out as a note under 42 U.S.C.A. § 281.]

§ 287c–32. Centers of excellence for research education and training

(a) In general

The Director of the Center shall make awards of grants or contracts to designated biomedical and behavioral research institutions under paragraph (1) of subsection (c), or to consortia under paragraph (2) of such subsection, for the purpose of assisting the institutions in supporting programs of excellence in biomedical and behavioral research training for individuals who are members of minority health disparity populations or other health disparity populations.

(b) Required use of funds

An award may be made under subsection (a) only if the applicant involved agrees that the grant will be expended—

(1) to train members of minority health disparity populations or other health disparity populations as professionals in the area of biomedical or behavioral research or both; or

(2) to expand, remodel, renovate, or alter existing research facilities or construct new research facilities for the purpose of conducting minority health disparities research and other health disparities research.

(c) Centers of excellence

(1) In general

For purposes of this section, a designated biomedical and behavioral research institution is a biomedical and behavioral research institution that—

(A) has a significant number of members of minority health disparity populations or other health disparity populations enrolled as students in the institution (including individuals accepted for enrollment in the institution);

(B) has been effective in assisting such students of the institution to complete the program of education or training and receive the degree involved;

(C) has made significant efforts to recruit minority students to enroll in and graduate from the institution, which may include providing means-tested scholarships and other financial assistance as appropriate; and

(D) has made significant recruitment efforts to increase the number of minority or other members of health disparity populations serving in faculty or administrative positions at the institution.

(2) Consortium

Any designated biomedical and behavioral research institution involved may, with other biomedical and behavioral institutions (designated or otherwise), including tribal health programs, form a consortium to receive an award under subsection (a).

(3) Application of criteria to other programs

In the case of any criteria established by the Director of the Center for purposes of determining whether institutions meet the conditions described in paragraph (1), this section may not, with respect to minority health disparity populations or other health disparity populations, be construed to authorize, require, or prohibit the use of such criteria in any program other than the program established in this section.

(d) Duration of grant

The period during which payments are made under a grant under subsection (a) may not exceed 5 years. Such payments shall be subject to annual approval by the Director of the Center and to the availability of appropriations for the fiscal year involved to make the payments.

(e) Maintenance of effort

(1) In general

With respect to activities for which an award under subsection (a) is authorized to be expended, the Director of the Center may not make such an award to a designated research institution or consortium for any fiscal year unless the institution, or institutions in the consortium, as the case may be, agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the institutions involved for the fiscal year preceding the fiscal year for which such institutions receive such an award.

(2) Use of Federal funds

With respect to any Federal amounts received by a designated research institution or consortium and available for carrying out activities for which an award under subsection (a) is authorized to be expended, the Director of the Center may make such an award only if the institutions involved agree that the institutions will, before expending the award, expend the Federal amounts obtained from sources other than the award.

(f) Certain expenditures

The Director of the Center may authorize a designated biomedical and behavioral research institution to expend a portion of an award under subsection (a) for research endowments.

(g) Definitions

For purposes of this section:

(1) The term "designated biomedical and behavioral research institution" has the meaning indicated for such term in subsection (c)(1). Such term includes any health professions school receiving an award of a grant or contract under section 736.

(2) The term "program of excellence" means any program carried out by a designated biomedical and behavioral research institution with an award under subsection (a), if the program is for purposes for which the institution involved is authorized in subsection (b) to expend the grant .

(h) Authorization of appropriations

For the purpose of making grants under subsection (a), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.

(July 1, 1944, c. 373, Title IV, § 485F, as added Nov. 22, 2000, Pub.L. 106–525, Title I, § 102, 114 Stat. 2501.)

HISTORICAL AND STATUTORY NOTES

Effective and Applicability Provisions

2000 Acts. Amendments by Pub.L. 106–525, Title I, § 102, effective October 1, 2000 or November 22, 2000, whichever occurs later, see Pub.L. 106–525, § 603, set out as a note under 42 U.S.C.A. § 281.

§ 287c–33. Loan repayment program for minority health disparities research

(a) In general

The Director of the Center shall establish a program of entering into contracts with qualified health professionals under which such health professionals agree to engage in minority health disparities research or other health disparities research in consideration of the Federal Government agreeing to repay, for each year of engaging in such research, not more than $35,000 of the principal and interest of the educational loans of such health professionals.

(b) Service provisions

The provisions of sections 254l–1, 254m, and 254o of this title shall, except as inconsistent with subsection (a), apply to the program established in such subsection to the same extent and in the same manner as such provisions apply to the National Health

Service Corps Loan Repayment Program established in subpart III of part D of subchapter II of this chapter [42 U.S.C.A. § 254l–1 et seq.].

(c) Requirement regarding health disparity populations

The Director of the Center shall ensure that not fewer than 50 percent of the contracts entered into under subsection (a) are for appropriately qualified health professionals who are members of a health disparity population.

(d) Priority

With respect to minority health disparities research and other health disparities research under subsection (a), the Secretary shall ensure that priority is given to conducting projects of biomedical research.

(e) Funding

(1) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.

(2) Availability of appropriations

Amounts available for carrying out this section shall remain available until the expiration of the second fiscal year beginning after the fiscal year for which the amounts were made available.

(July 1, 1944, c. 373, Title IV, § 485G, as added Nov. 22, 2000, Pub.L. 106–525, Title I, § 103, 114 Stat. 2503.)

HISTORICAL AND STATUTORY NOTES

Effective and Applicability Provisions

2000 Acts. Amendments by Pub.L. 106–525, Title I, § 103, effective October 1, 2000 or November 22, 2000, whichever occurs later, see Pub.L. 106–525, § 603, set out as a note under 42 U.S.C.A. § 281.

§ 287c–34. General provisions regarding the center

(a) Administrative support for center

The Secretary, acting through the Director of the National Institutes of Health, shall provide administrative support and support services to the Director of the Center and shall ensure that such support takes maximum advantage of existing administrative structures at the agencies of the National Institutes of Health.

(b) Evaluation and report

(1) Evaluation

Not later than 5 years after Nov. 22, 2000, the Secretary shall conduct an evaluation to—

(A) determine the effect of this subpart on the planning and coordination of health disparities research programs at the agencies of the National Institutes of Health;

(B) evaluate the extent to which this subpart has eliminated the duplication of administrative resources among such Institutes, centers and divisions; and

(C) provide, to the extent determined by the Secretary to be appropriate, recommendations concerning future legislative modifications with respect to this subpart, for both minority health disparities research and other health disparities research.

(2) Minority health disparities research

The evaluation under paragraph (1) shall include a separate statement that applies subparagraphs (A) and (B) of such paragraph to minority health disparities research.

(3) Report

Not later than 1 year after the date on which the evaluation is commenced under paragraph (1), the Secretary shall prepare and submit to the Committee on Health,

Education, Labor, and Pensions of the Senate, and the Committee on Commerce of the House of Representatives, a report concerning the results of such evaluation.

(July 1, 1944, c. 373, Title IV, § 485H, as added Nov. 22, 2000, Pub.L. 106–525, Title I, § 104, 114 Stat. 2503.)

HISTORICAL AND STATUTORY NOTES

Effective and Applicability Provisions

2000 Acts. Amendments by Pub.L. 106–525, Title I, § 104, effective October 1, 2000 or November 22, 2000, whichever occurs later, see Pub.L. 106–525, § 603, set out as a note under 42 U.S.C.A. § 281.

PART F—RESEARCH ON WOMEN'S HEALTH

§ 287d. Office of Research on Women's Health

(a) Establishment

There is established within the Office of the Director of NIH an office to be known as the Office of Research on Women's Health (in this part referred to as the "Office"). The Office shall be headed by a director, who shall be appointed by the Director of NIH.

(b) Purpose

The Director of the Office shall—

(1) identify projects of research on women's health that should be conducted or supported by the national research institutes;

(2) identify multidisciplinary research relating to research on women's health that should be so conducted or supported;

(3) carry out paragraphs (1) and (2) with respect to the aging process in women, with priority given to menopause;

(4) promote coordination and collaboration among entities conducting research identified under any of paragraphs (1) through (3);

(5) encourage the conduct of such research by entities receiving funds from the national research institutes;

(6) recommend an agenda for conducting and supporting such research;

(7) promote the sufficient allocation of the resources of the national research institutes for conducting and supporting such research;

(8) assist in the administration of section 289a–2 of this title with respect to the inclusion of women as subjects in clinical research; and

(9) prepare the report required in section 287d–2 of this title.

(c) Coordinating Committee

(1) In carrying out subsection (b) of this section, the Director of the Office shall establish a committee to be known as the Coordinating Committee on Research on Women's Health (in this subsection referred to as the "Coordinating Committee").

(2) The Coordinating Committee shall be composed of the Directors of the national research institutes (or the designees of the Directors).

(3) The Director of the Office shall serve as the chair of the Coordinating Committee.

(4) With respect to research on women's health, the Coordinating Committee shall assist the Director of the Office in—

(A) identifying the need for such research, and making an estimate each fiscal year of the funds needed to adequately support the research;

(B) identifying needs regarding the coordination of research activities, including intramural and extramural multidisciplinary activities;

(C) supporting the development of methodologies to determine the circumstances in which obtaining data specific to women (including data relating to the age of women and the membership of women in ethnic or racial groups) in an appropriate function of clinical trials of treatments and therapies;

(D) supporting the development and expansion of clinical trials of treatments and therapies for which obtaining such data has been determined to be an appropriate function; and

(E) encouraging the national research institutes to conduct and support such research, including such clinical trials.

(d) Advisory Committee

(1) In carrying out subsection (b) of this section, the Director of the Office shall establish an advisory committee to be known as the Advisory Committee on Research on Women's Health (in this subsection referred to as the "Advisory Committee").

(2) The Advisory Committee shall be composed of no fewer than 12, and not more than 18 individuals, who are not officers or employees of the Federal Government. The Director of NIH shall make appointments to the Advisory Committee from among physicians, practitioners, scientists, and other health professionals, whose clinical practice, research specialization, or professional expertise includes a significant focus on research on women's health. A majority of the members of the Advisory Committee shall be women.

(3) The Director of the Office shall serve as the chair of the Advisory Committee.

(4) The Advisory Committee shall—

(A) advise the Director of the Office on appropriate research activities to be undertaken by the national research institutes with respect to—

(i) research on women's health;

(ii) research on gender differences in clinical drug trials, including responses to pharmacological drugs;

(iii) research on gender differences in disease etiology, course, and treatment;

(iv) research on obstetrical and gynecological health conditions, diseases, and treatments; and

(v) research on women's health conditions which require a multidisciplinary approach;

(B) report to the Director of the Office on such research;

(C) provide recommendations to such Director regarding activities of the Office (including recommendations on the development of the methodologies described in subsection (c)(4)(C) of this section and recommendations on priorities in carrying out research described in subparagraph (A)); and

(D) assist in monitoring compliance with section 289a–2 of this title regarding the inclusion of women in clinical research.

(5)(A) The Advisory Committee shall prepare a biennial report describing the activities of the Committee, including findings made by the Committee regarding—

(i) compliance with section 289a–2 of this title;

(ii) the extent of expenditures made for research on women's health by the agencies of the National Institutes of Health; and

(iii) the level of funding needed for such research.

(B) The report required in subparagraph (A) shall be submitted to the Director of NIH for inclusion in the report required in section 283 of this title.

(e) Representation of women among researchers

The Secretary, acting through the Assistant Secretary for Personnel and in collaboration with the Director of the Office, shall determine the extent to which women are represented among senior physicians and scientists of the national research institutes and among physicians and scientists conducting research with funds provided by such institutes, and as appropriate, carry out activities to increase the extent of such representation.

(f) Definitions

For purposes of this part:

(1) The term "women's health conditions", with respect to women of all age, ethnic, and racial groups, means all diseases, disorders, and conditions (including with respect to mental health)—

(A) unique to, more serious, or more prevalent in women;

(B) for which the factors of medical risk or types of medical intervention are different for women, or for which it is unknown whether such factors or types are different for women; or

(C) with respect to which there has been insufficient clinical research involving women as subjects or insufficient clinical data on women.

(2) The term "research on women's health" means research on women's health conditions, including research on preventing such conditions.

(July 1, 1944, c. 373, Title IV, § 486, as added June 10, 1993, Pub.L. 103–43, Title I, § 141(a)(3), 107 Stat. 136, and amended Oct. 31, 1998, Pub.L. 105–340, Title I, § 106, 112 Stat. 3193.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

1998 Acts. Statement by President, see 1998 U.S. Code Cong. and Adm. News, p. 772.

Amendments

1998 Amendments. Subsec. (d)(2). Pub.L. 105–340, § 106, struck "Director of the Office" and inserted "Director of NIH".

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

§ 287d–1. National data system and clearinghouse on research on women's health

(a) Data system

(1) The Director of NIH, in consultation with the Director of the Office and the Director of the National Library of Medicine, shall establish a data system for the collection, storage, analysis, retrieval, and dissemination of information regarding research on women's health that is conducted or supported by the national research institutes. Information from the data system shall be available through information systems available to health care professionals and providers, researchers, and members of the public.

(2) The data system established under paragraph (1) shall include a registry of clinical trials of experimental treatments that have been developed for research on women's health. Such registry shall include information on subject eligibility criteria, sex, age, ethnicity or race, and the location of the trial site or sites. Principal investigators of such clinical trials shall provide this information to the registry within 30 days after it is available. Once a trial has been completed, the principal investigator shall provide the registry with information pertaining to the results, including potential toxicities or adverse effects associated with the experimental treatment or treatments evaluated.

(b) Clearinghouse

The Director of NIH, in consultation with the Director of the Office and with the National Library of Medicine, shall establish, maintain, and operate a program to provide information on research and prevention activities of the national research institutes that relate to research on women's health.

(July 1, 1944, c. 373, Title IV, § 486A, as added June 10, 1993, Pub.L. 103–43, Title I, § 141(a)(3), 107 Stat. 138.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

§ 287d–2. Biennial report

(a) In general

With respect to research on women's health, the Director of the Office shall, not later than February 1, 1994, and biennially thereafter, prepare a report—

(1) describing and evaluating the progress made during the preceding 2 fiscal years in research and treatment conducted or supported by the National Institutes of Health;

(2) describing and analyzing the professional status of women physicians and scientists of such Institutes, including the identification of problems and barriers regarding advancements;

(3) summarizing and analyzing expenditures made by the agencies of such Institutes (and by such Office) during the preceding 2 fiscal years; and

(4) making such recommendations for legislative and administrative initiatives as the Director of the Office determines to be appropriate.

(b) Inclusion in biennial report of Director of NIH

The Director of the Office shall submit each report prepared under subsection (a) of this section to the Director of NIH for inclusion in the report submitted to the President and the Congress under section 238 of this title.

(July 1, 1944, c. 373, Title IV, § 486B, as added June 10, 1993, Pub.L. 103–43, Title I, § 141(a)(3), 107 Stat. 139.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

PART G—AWARDS AND TRAINING

HISTORICAL AND STATUTORY NOTES

Amendments

1993 Amendments. Pub.L. 103–43, Title I, § 141(a)(2), June 10, 1993, 107 Stat. 136, redesignated former part F as G. Former part G redesignated as H.

§ 288. National Research Service Awards

(a) Biomedical and behavioral research and research training; programs and institutions included; restriction; special consideration

(1) The Secretary shall—

(A) provide National Research Service Awards for—

(i) biomedical and behavioral research at the National Institutes of Health in matters relating to the cause, diagnosis, prevention, and treatment of the diseases or other health problems to which the activities of the National Institutes of Health and Administration are directed;

(ii) training at the National Institutes of Health and at the Administration of individuals to undertake such research;

(iii) biomedical and behavioral research and health services research (including research in primary medical care) at public and nonprofit private entities; and

(iv) pre-doctoral and post-doctoral training at public and private institutions of individuals to undertake biomedical and behavioral research;

(B) make grants to public and nonprofit private institutions to enable such institutions to make National Research Service Awards for research (and training to undertake biomedical and behavioral research) in the matters described in subparagraph (A)(i) to individuals selected by such institutions; and

(C) provide contracts for scholarships and loan repayments in accordance with sections 288–4 and 288–5 of this title, subject to providing not more than an aggregate 50 such contracts during the fiscal years 1994 through 1996.

A reference in this subsection to the National Institutes of Health shall be considered to include the institutes, agencies, divisions, and bureaus included in the National Institutes of Health or under the Administration, as the case may be.

(2) National Research Service Awards may not be used to support residency training of physicians and other health professionals.

(3) In awarding National Research Service Awards under this section, the Secretary shall take account of the Nation's overall need for biomedical research personnel by giving special consideration to physicians who agree to undertake a minimum of two years of biomedical research.

(4) The Secretary shall carry out paragraph (1) in a manner that will result in the recruitment of women, and individuals from disadvantaged backgrounds (including racial and ethnic minorities), into fields of biomedical or behavioral research and in the provision of research training to women and such individuals.

(b) Prerequisites for Award; review and approval by appropriate advisory councils; Award period; uses for Award; payments to non-Federal public or nonprofit private institutions

(1) No National Research Service Award may be made by the Secretary to any individual unless—

(A) the individual has submitted to the Secretary an application therefor and the Secretary has approved the application;

(B) the individual provides, in such form and manner as the Secretary shall by regulation prescribe, assurances satisfactory to the Secretary that the individual will meet the service requirement of subsection (c) of this section; and

(C) in the case of a National Research Service Award for a purpose described in subsection (a)(1)(A)(iii) of this section, the individual has been sponsored (in such manner as the Secretary may by regulation require) by the institution at which the research or training under the award will be conducted.

An application for an award shall be in such form, submitted in such manner, and contain such information, as the Secretary may by regulation prescribe.

(2) The making of grants under subsection (a)(1)(B) of this section for National Research Service Awards shall be subject to review and approval by the appropriate advisory councils within the Department of Health and Human Services (A) whose activities relate to the research or training under the awards, or (B) for the entity at which such research or training will be conducted.

(3) No grant may be made under subsection (a)(1)(B) of this section unless an application therefor has been submitted to and approved by the Secretary. Such application shall be in such form, submitted in such manner, and contain such information, as the Secretary may by regulation prescribe. Subject to the provisions of this section (other than paragraph (1)), National Research Service Awards made under a grant under subsection (a)(1)(B) of this section shall be made in accordance with such regulations as the Secretary shall prescribe.

(4) The period of any National Research Service Award made to any individual under subsection (a) of this section may not exceed—

(A) five years in the aggregate for pre-doctoral training; and

(B) three years in the aggregate for post-doctoral training;

unless the Secretary for good cause shown waives the application of such limit to such individual.

(5) National Research Service Awards shall provide for such stipends, tuition, fees, and allowances (including travel and subsistence expenses and dependency allowances), adjusted periodically to reflect increases in the cost of living, for the recipients of the awards as the Secretary may deem necessary. A National Research Service Award made to an individual for research or research training at a non-Federal public or nonprofit private institution shall also provide for payments to be made to the institution for the cost of support services (including the cost of faculty salaries, supplies, equipment, general research support, and related items) provided such individual by such institution. The amount of any such payments to any institution shall be determined by the Secretary and shall bear a direct relationship to the reasonable costs of the institution for establishing and maintaining the quality of its biomedical and behavioral research and training programs.

(c) Health research or teaching; service period; recovery upon noncompliance with service requirement, formula; cancellation or waiver of obligation

(1) Each individual who is awarded a National Research Service Award for postdoctoral research training shall, in accordance with paragraph (3), engage in research

training, research, or teaching that is health-related (or any combination thereof) for the period specified in paragraph (2). Such period shall be served in accordance with the usual patterns of scientific employment.

(2)(A) The period referred to in paragraph (1) is 12 months, or one month for each month for which the individual involved receives a National Research Service Award for postdoctoral research training, whichever is less.

(B) With respect to postdoctoral research training, in any case in which an individual receives a National Research Service Award for more than 12 months, the 13th month and each subsequent month of performing activities under the Award shall be considered to be activities engaged in toward satisfaction of the requirement established in paragraph (1) regarding a period of service.

(3) The requirement of paragraph (1) shall be complied with by any individual to whom it applies within such reasonable period of time, after the completion of such individual's award, as the Secretary shall by regulation prescribe. The Secretary shall by regulation prescribe the type of research and teaching in which an individual may engage to comply with such requirement and such other requirements respecting research and teaching as the Secretary considers appropriate.

(4)(A) If any individual to whom the requirement of paragraph (1) is applicable fails, within the period prescribed by paragraph (3), to comply with such requirements, the United States shall be entitled to recover from such individual an amount determined in accordance with the formula—

$$A=\theta\left(\frac{t-s}{t}\right)$$

in which "A" is the amount the United States is entitled to recover; "θ" is the sum of the total amount paid under one or more National Research Service Awards to such individual; "t" is the total number of months in such individual's service obligation; and "s" is the number of months of such obligation served by such individual in accordance with paragraphs (1) and (2) of this subsection.

(B) Any amount which the United States is entitled to recover under subparagraph (A) shall, within the three-year period beginning on the date the United States becomes entitled to recover such amount, be paid to the United States. Until any amount due the United States under subparagraph (A) on account of any National Research Service Award is paid, there shall accrue to the United States interest on such amount at a rate fixed by the Secretary of the Treasury after taking into consideration private consumer rates of interest prevailing on the date the United States becomes entitled to such amount.

(5)(A) Any obligation of an individual under paragraph (1) shall be canceled upon the death of such individual.

(B) The Secretary shall by regulation provide for the waiver or suspension of any such obligation applicable to any individual whenever compliance by such individual is impossible or would involve substantial hardship to such individual or would be against equity and good conscience.

(d) Authorization of appropriations; apportionment

For the purpose of carrying out this section, there are authorized to be appropriated $400,000,000 for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 and 1996. Of the amounts appropriated under this subsection—

(1) not less than 15 percent shall be made available for payments under National Research Service Awards provided by the Secretary under subsection (a)(1)(A) of this section;

(2) not less than 50 percent shall be made available for grants under subsection (a)(1)(B) of this section for National Research Service Awards;

(3) 1 percent shall be made available to the Secretary, acting through the Administrator of the Health Resources and Services Administration, for payments under National Research Service Awards which (A) are made to individuals affiliated with entities which have received grants or contracts under section 293k, 293*l*, or 293m of this title, and (B) are for research in primary medical care; and 1 percent shall be made available for payments under National Research Service

Awards made for health services research by the Agency for Healthcare Research and Quality under section 242b(a) of this title; and

(4) not more than 4 percent may be obligated for National Research Service Awards for periods of three months or less.

(July 1, 1944, c. 373, Title IV, § 487, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 869, and amended Nov. 4, 1988, Pub.L. 100–607, Title I, § 151, Title VI, § 635, 102 Stat. 3058, 3148; Aug. 16, 1989, Pub.L. 101–93, § 5(d), 103 Stat. 612; Dec. 19, 1989, Pub.L. 101–239, Title VI, § 6103(e)(7), 103 Stat. 2208; July 10, 1992, Pub.L. 102–321, Title I, § 163(b)(4), 106 Stat. 376; June 10, 1993, Pub.L. 103–43, Title XVI, §§ 1601, 1602, 1632, 1641, Title XX, § 2008(b)(14), 107 Stat. 181, 186, 211; Dec. 6, 1999, Pub.L. 106–129, § 2(b)(2), 113 Stat. 1670.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

1999 Acts. Statement by President, see 1999 U.S. Code Cong. and Adm. News, p. 322.

References in Text

References in subsec. (a)(1)(A)(i) and in the provisions of subsec. (a)(1) following subpar. (B) to "and Administration" and to "or under the Administration, as the case may be" refer to the former Alcohol, Drug Abuse and Mental Health Administration. Language referring to that former Administration was deleted from both subsec. (a)(1)(A)(i) and the provisions of subsec. (a)(1) following subpar. (B) without removing the follow-up language herein quoted. See 1992 Amendments note under this section.

Amendments

1999 Amendments. Pub.L. 106–129, § 2(b)(2), substituted "Agency for Healthcare Research and Quality" for "Agency for Health Care Policy and Research", throughout the section.

1993 Amendments. Subsec. (a)(1)(C). Pub.L. 103–43, § 1632, added subpar. (C).

Subsec. (a)(4). Pub.L. 103–43, § 1601, added par. (4).

Subsec. (c)(1), (2). Pub.L.103–43, §1602, added pars. (1) and (2) and struck out former par. (1), which provided that each individual who received an award, except a pre–baccalaureate student awarded for research training, engage in health research or teaching or any combination thereof in accordance with the usual patterns of academic employment for a period computed under former par. (2), and former par. (2), which provided that for each month for which an individual received an award which is made for a period in excess of 12 months, such individual engage in one month of health research or teaching or any combination thereof in accordance with the usual patterns of academic employment.

Subsec. (d). Pub.L. 103–43, § 1641, in provision preceding par. (1) substituted "carrying out this section, there authorized to be appropriated $400,000,000 for fiscal year 1994, and such sums as necessary for each of the fiscal years 1995 and 1996" for "making payments under National Research Service Awards and under grants for such Awards, there are authorized to be appropriated $300,000,000 for fiscal year 1989 and such sums as may be necessary for fiscal year 1990" and in par. (3) substituted "293k, 293*l*, or 293m of this title" for "295g, 295g–4, or 295g–6 of this title".

Subsec. (d)(3). Pub.L. 103–43, § 2008(b)(14), substituted "242b(a)" for "242b(a)(3)".

1992 Amendments. Subsec. (a)(1)(A)(i). Pub.L. 102–321, § 163(b)(4)(A), struck out "and the Alcohol, Drug Abuse, and Mental Health Administration" after "behavioral research at the National Institutes of Health".

Subsec. (a)(1). Pub.L. 102–321, § 163(b)(4)(B), struck out "or the Alcohol, Drug Abuse, and Mental Health Administration" after "A reference in this subsection to the National Institutes of Health" in the provisions following subparagraph (B).

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

1992 Acts. Amendments by Pub.L. 102–321 effective Oct. 1, 1992, with programs making awards providing financial assistance prior to such date to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d)(2)(A) of Pub.L. 102–321, set out as a note under section 236 of this title.

CROSS REFERENCES

Training other than training for which National Research Awards may be made under this section for purposes of—

National Institute of Arthritis and Musculoskeletal and Skin Diseases, see 42 USCA § 285d–2.

NOTES OF DECISIONS

Health research or teaching 1

1. Health research or teaching

Determination that full-time teaching in public elementary school was not sufficiently health related to comply with service requirements of regulation governing receipt of National Research Service Award, so that recipient was required to repay the award, was not arbitrary or capricious or an abuse of discretion. U.S. v. Cheng, N.D.Cal.1993, 840 F.Supp. 93.

§ 288–1. Loan repayment program for research with respect to acquired immune deficiency syndrome

(a) In general

The Secretary shall carry out a program of entering into agreements with appropriately qualified health professionals under which such health professionals agree to conduct, as employees of the National Institutes of Health, research with respect to acquired immune deficiency syndrome in consideration of the Federal Government agreeing to repay, for each year of such service, not more than $35,000 of the principal and interest of the educational loans of such health professionals.

(b) Applicability of certain provisions

With respect to the National Health Service Corps Loan Repayment Program established in subpart III of part D of subchapter II of this chapter, the provisions of such subpart shall, except as inconsistent with subsection (a) of this section, apply to the program established in such subsection (a) of this section in the same manner and to the same extent as such provisions apply to the National Health Service Corps Loan Repayment Program established in such subpart.

(c) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1994 through 2001.

(July 1, 1944, c. 373, Title IV, § 487A, as added Nov. 4, 1988, Pub.L. 100–607, Title VI, § 634(a), 102 Stat. 3148, and amended June 10, 1993, Pub.L. 103–43, Title XVI, § 1611(a), 107 Stat. 182; Nov. 13, 1998, Pub.L. 105–392, Title IV, § 410(a), 112 Stat. 3589.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No, 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1998 Amendments. Subsec. (a). Pub.L. 105–392, § 410(a)(1), substituted "35,000" for "20,000".

Subsec. (c). Pub.L. 105–392, § 410(a)(2), substituted "2001" for "1996".

1993 Amendments. Subsec. (a). Pub.L. 103–43, § 1611(a), struck out provision that the program be implemented not later than 1 year after Nov. 4, 1988, and that the Secretary not enter into an agreement with a health professional unless such professional has a substantial amount of educational loans relative to income and was not employed at the National Institutes of Health during the 1 year period preceding Nov. 4, 1988.

Subsec. (c). Pub.L. 103–43, § 1611(a), substituted provision authorizing appropriation of such sums as may be necessary for fiscal years 1994 through 1996 for provision authorizing appropriation of such sums as may be necessary for each of the fiscal years 1989 through 1991, which sums were to remain available until the expiration of the second fiscal year for which the amounts were appropriated.

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

Section 1611(b) of Pub.L. 103–43 provided that: "The amendment made by subsection (a) [amending this section] does not apply to any agreement entered into under section 487A of the Public Health Service Act [this section] before the date of the enactment of this Act [June 10, 1993]. Each such agreement continues to be subject to the terms of the agreement in effect on the day before such date."

§ 288–2. Loan repayment program for research with respect to contraception and infertility

(a) Establishment

The Secretary, in consultation with the Director of the National Institute of Child Health and Human Development, shall establish a program of entering into contracts

with qualified health professionals (including graduate students) under which such health professionals agree to conduct research with respect to contraception, or with respect to infertility, in consideration of the Federal Government agreeing to repay, for each year of such service, not more than $35,000 of the principal and interest of the educational loans of such health professionals.

(b) Contracts, obligated service, breach of contract

The provisions of sections 254*l*–1, 254m, and 254*o* of this title shall, except as inconsistent with subsection (a) of this section, apply to the program established in subsection (a) of this section to the same extent and in the same manner as such provisions apply to the National Health Service Corps Loan Repayment Program established in subpart III of part D of subchapter II of this chapter.

(c) Availability of funds

Amounts available for carrying out this section shall remain available until the expiration of the second fiscal year beginning after the fiscal year for which the amounts were made available.

(July 1, 1944, c. 373, Title IV, § 487B, as added June 10, 1993, Pub.L. 103–43, Title X, § 1002, 107 Stat. 166; Nov. 13, 1998, Pub.L. 105–392, Title IV, § 410(b), 112 Stat. 3589.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1998 Amendments. Subsec. (a). Pub.L. 105–392, § 410(b), substituted "35,000" for "20,000".

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

§ 288–3. Loan repayment program for research generally

(a) In general

(1) Authority for program

Subject to paragraph (2), the Secretary shall carry out a program of entering into contracts with appropriately qualified health professionals under which such health professionals agree to conduct research, as employees of the National Institutes of Health, in consideration of the Federal Government agreeing to repay, for each year of such service, not more than $35,000 of the principal and interest of the educational loans of such health professionals.

(2) Limitation

The Secretary may not enter into an agreement with a health professional pursuant to paragraph (1) unless such professional—

(A) has a substantial amount of educational loans relative to income; and

(B) agrees to serve as an employee of the National Institutes of Health for purposes of paragraph (1) for a period of not less than 3 years.

(b) Applicability of certain provisions

With respect to the National Health Service Corps Loan Repayment Program established in subpart III of part D of subchapter II of this chapter, the provisions of such subpart shall, except as inconsistent with subsection (a) of this section, apply to the program established in such subsection (a) of this section in the same manner and to the same extent as such provisions apply to the National Health Service Corps Loan Repayment Program established in such subpart.

(July 1, 1944, c. 373, Title IV, § 487C, as added June 10, 1993, Pub.L. 103–43, Title XVI, § 1621, 107 Stat. 182; Nov. 13, 1998, Pub.L. 105–392, Title IV, § 410(c), 112 Stat. 3589.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1998 Amendments. Subsec. (a)(1). Pub.L. 105–392, § 410(c), substituted "35,000" for "20,000".

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

§ 288–4. Undergraduate scholarship program regarding professions needed by National Research Institutes

(a) Establishment of program

(1) In general

Subject to section 288(a)(1)(C) of this title, the Secretary, acting through the Director of NIH, may carry out a program of entering into contracts with individuals described in paragraph (2) under which—

(A) the Director of NIH agrees to provide to the individuals scholarships for pursuing, as undergraduates at accredited institutions of higher education, academic programs appropriate for careers in professions needed by the National Institutes of Health; and

(B) the individuals agree to serve as employees of the National Institutes of Health, for the period described in subsection (c) of this section, in positions that are needed by the National Institutes of Health and for which the individuals are qualified.

(2) Individuals from disadvantaged backgrounds

The individuals referred to in paragraph (1) are individuals who—

(A) are enrolled or accepted for enrollment as full-time undergraduates at accredited institutions of higher education; and

(B) are from disadvantaged backgrounds.

(b) Facilitation of interest of students in careers at National Institutes of Health

In providing employment to individuals pursuant to contracts under subsection (a)(1) of this section, the Director of NIH shall carry out activities to facilitate the interest of the individuals in pursuing careers as employees of the National Institutes of Health.

(c) Period of obligated service

(1) Duration of service

For purposes of subparagraph (B) of subsection (a)(1) of this section, the period of service for which an individual is obligated to serve as an employee of the National Institutes of Health is, subject to paragraph (2)(A), 12 months for each academic year for which the scholarship under such subsection is provided.

(2) Schedule for service

(A) Subject to subparagraph (B), the Director of NIH may not provide a scholarship under subsection (a) of this section unless the individual applying for the scholarship agrees that—

(i) the individual will serve as an employee of the National Institutes of Health full-time for not less than 10 consecutive weeks of each year during which the individual is attending the educational institution involved and receiving such a scholarship;

(ii) the period of service as such an employee that the individual is obligated to provide under clause (i) is in addition to the period of service as such an employee that the individual is obligated to provide under subsection (a)(1)(B) of this section; and

(iii) not later than 60 days after obtaining the educational degree involved, the individual will begin serving full-time as such an employee in satisfaction of

the period of service that the individual is obligated to provide under subsection (a)(1)(B) of this section.

(B) The Director of NIH may defer the obligation of an individual to provide a period of service under subsection (a)(1)(B) of this section, if the Director determines that such a deferral is appropriate.

(3) Applicability of certain provisions relating to appointment and compensation

For any period in which an individual provides service as an employee of the National Institutes of Health in satisfaction of the obligation of the individual under subsection (a)(1)(B) of this section or paragraph (2)(A)(i), the individual may be appointed as such an employee without regard to the provisions of Title 5 relating to appointment and compensation.

(d) Provisions regarding scholarship

(1) Approval of academic program

The Director of NIH may not provide a scholarship under subsection (a) of this section for an academic year unless—

(A) the individual applying for the scholarship has submitted to the Director a proposed academic program for the year and the Director has approved the program; and

(B) the individual agrees that the program will not be altered without the approval of the Director.

(2) Academic standing

The Director of NIH may not provide a scholarship under subsection (a) of this section for an academic year unless the individual applying for the scholarship agrees to maintain an acceptable level of academic standing, as determined by the educational institution involved in accordance with regulations issued by the Secretary.

(3) Limitation on amount

The Director of NIH may not provide a scholarship under subsection (a) of this section for an academic year in an amount exceeding $20,000.

(4) Authorized uses

A scholarship provided under subsection (a) of this section may be expended only for tuition expenses, other reasonable educational expenses, and reasonable living expenses incurred in attending the school involved.

(5) Contract regarding direct payments to institution

In the case of an institution of higher education with respect to which a scholarship under subsection (a) of this section is provided, the Director of NIH may enter into a contract with the institution under which the amounts provided in the scholarship for tuition and other educational expenses are paid directly to the institution.

(e) Penalties for breach of scholarship contract

The provisions of section 254*o* of this title shall apply to the program established in subsection (a) of this section to the same extent and in the same manner as such provisions apply to the National Health Service Corps Loan Repayment Program established in section 254*l*–1 of this title.

(f) Requirement of application

The Director of NIH may not provide a scholarship under subsection (a) of this section unless an application for the scholarship is submitted to the Director and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Director determines to be necessary to carry out this section.

(g) Availability of authorization of appropriations

Amounts appropriated for a fiscal year for scholarships under this section shall remain available until the expiration of the second fiscal year beginning after the fiscal year for which the amounts were appropriated.

(July 1, 1944, c. 373, Title IV, § 487D, as added June 10, 1993, Pub.L. 103–43, Title XVI, § 1631, 107 Stat. 183.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

References in Text

The provision of Title 5 relating to appointment and compensation, referred to in subsec. (c)(3), are classified generally to section 3301 et seq. of Title 5, Government Organization and Employees.

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

§ 288–5. Loan repayment program regarding clinical researchers from disadvantaged backgrounds

(a) Implementation of program

(1) In general

Subject to section 288(a)(1)(C) of this title, the Secretary, acting through the Director of NIH may, subject to paragraph (2), carry out a program of entering into contracts with appropriately qualified health professionals who are from disadvantaged backgrounds under which such health professionals agree to conduct clinical research in consideration of the Federal Government agreeing to pay, for each year of such service, not more than $35,000 of the principal and interest of the educational loans of the health professionals.

(2) Limitation

The Director of NIH may not enter into a contract with a health professional pursuant to paragraph (1) unless such professional has a substantial amount of education loans relative to income.

(3) Applicability of certain provisions regarding obligated service

Except to the extent inconsistent with this section, the provisions of sections 254*l*–1, 254m and 254*o* of this title shall apply to the program established in paragraph (1) to the same extent and in the same manner as such provisions apply to the National Health Service Corps Loan Repayment Program established in section 254*l*–1 of this title.

(b) Availability of authorization of appropriations

Amounts appropriated for a fiscal year for contracts under subsection (a) of this section shall remain available until the expiration of the second fiscal year beginning after the fiscal year for which the amounts were appropriated.

(July 1, 1944, c. 373, Title IV, § 487E, as added June 10, 1993, Pub.L. 103–43, Title XVI, § 1631, 107 Stat. 185, and amended Nov. 13, 1998, Pub.L. 105–392, Title IV, § 410(d), 112 Stat. 3590; Dec. 21, 2000, Pub.L. 106–554, § 1(a)(1) [Title II, § 223], 114 Stat. 2763, 2763A–30.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

2000 Acts. House Report No. 106–645 and Statement by President, see 2000 U.S. Code Cong. and Adm. News, p. 2459.

Amendments

2000 Amendments. Subsec. (a)(1). Pub.L. 106–554, § 1(a)(1) [Title II, § 223], struck out "as employees of the National Institutes of Health" following "conduct criminal research".

1998 Amendments. Subsec. (a)(1). Pub.L. 105–392, § 410(d)(1), substituted "35,000" for "20,000".

Subsec. (a)(3). Pub.L. 105–392, § 410(d)(2), substituted "254*l*–1, 254m" for "254m".

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

§ 288–5a. Loan repayment program regarding clinical researchers

(a) In general

The Secretary, acting through the Director of the National Institutes of Health, shall establish a program to enter into contracts with qualified health professionals under which such health professionals agree to conduct clinical research, in consideration of the Federal Government agreeing to repay, for each year of service conducting such research, not more than $35,000 of the principal and interest of the educational loans of such health professionals.

(b) Application of provisions

The provisions of sections 254*l*–1, 254m, and 254*o* of this title shall, except as inconsistent with subsection (a) of this section, apply to the program established under subsection (a) to the same extent and in the same manner as such provisions apply to the National Health Service Corps Loan Repayment Program established in subpart 3 of part D of subchapter III of this chapter.

(c) Funding

(1) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each fiscal year.

(2) Availability

Amounts appropriated for carrying out this section shall remain available until the expiration of the second fiscal year beginning after the fiscal year for which the amounts were made available.

(July 1, 1944, c. 373, Title IV, § 487F, as added Nov. 13, 2000, Pub.L. 106–505, Title II, § 205, 114 Stat. 2329.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

2000 Acts. House Report No. 106–634, see 2000 U.S. Code Cong. and Adm. News, p. 2168.

Codifications

Another section 487F of the Public Health Service Act was added by Pub.L. 106–310, Div. A, Title X, § 1002(b), Oct. 17, 2000, 114 Stat. 1129, and is classified to section 288–6 of this title.

§ 288–6. Pediatric research loan repayment program

(a) In general

The Secretary, in consultation with the Director of NIH, may establish a pediatric research loan repayment program. Through such program—

(1) the Secretary shall enter into contracts with qualified health professionals under which such professionals will agree to conduct pediatric research, in consideration of the Federal Government agreeing to repay, for each year of such service, not more than $35,000 of the principal and interest of the educational loans of such professionals; and

(2) the Secretary shall, for the purpose of providing reimbursements for tax liability resulting from payments made under paragraph (1) on behalf of an individual, make payments, in addition to payments under such paragraph, to the individual in an amount equal to 39 percent of the total amount of loan repayments made for the taxable year involved.

(b) Application of other provisions

The provisions of sections 254*l*, 254m, and 254*o* of this title shall, except as inconsistent with paragraph (1), apply to the program established under such paragraph to the

same extent and in the same manner as such provisions apply to the National Health Service Corps Loan Repayment Program established under subpart III of part D of subchapter II of this chapter.

(c) Funding

(1) In general

For the purpose of carrying out this section with respect to a national research institute the Secretary may reserve, from amounts appropriated for such institute for the fiscal year involved, such amounts as the Secretary determines to be appropriate.

(2) Availability of funds

Amounts made available to carry out this section shall remain available until the expiration of the second fiscal year beginning after the fiscal year for which such amounts were made available.

(July 1, 1944, c. 373, Title IV, § 487F, as added Oct. 17, 2000, Pub.L. 106–310, Div. A, Title X, § 1002(b), 114 Stat. 1129.)

HISTORICAL AND STATUTORY NOTES

References in Text

Subpart III of part D of subchapter II of this chapter, referred to in subsec. (b), is classified to 42 U.S.C.A. § 254*l* et seq.

Codifications

Another section 487F of the Public Health Service Act was added by Pub.L. 106–505, Title II, § 205, Nov. 13, 2000, 114 Stat. 2329, and is classified to section 288–5 of this title.

Effective and Applicability Provisions

Section effective Oct. 17, 2000, see section 2901 of Pub.L. 106–310, Div. A, Title XXIX, set out as a note under section 201 of this title.

LIBRARY REFERENCES

American Digest System

Health and Environment ⟹1, 7(3).
Key Number System Topic No. 199.
United States ⟹32, 41, 82(1).
Key Number System Topic No. 393.

Encyclopedias

Health and Environment, see C.J.S. §§ 4, 9, 13.
United States, see C.J.S. §§ 32, 41, 122.

§ 288b. Studies respecting biomedical and behavioral research personnel

(a) Scope of undertaking

The Secretary shall, in accordance with subsection (b) of this section, arrange for the conduct of a continuing study to—

(1) establish (A) the Nation's overall need for biomedical and behavioral research personnel, (B) the subject areas in which such personnel are needed and the number of such personnel needed in each such area, and (C) the kinds and extent of training which should be provided such personnel;

(2) assess (A) current training programs available for the training of biomedical and behavioral research personnel which are conducted under this chapter, at or through national research institutes under the National Institutes of Health and (B) other current training programs available for the training of such personnel;

(3) identify the kinds of research positions available to and held by individuals completing such programs;

(4) determine, to the extent feasible, whether the programs referred to in clause (B) of paragraph (2) would be adequate to meet the needs established under paragraph (1) if the programs referred to in clause (A) of paragraph (2) were terminated; and

(5) determine what modifications in the programs referred to in paragraph (2) are required to meet the needs established under paragraph (1).

(b) Arrangement with National Academy of Sciences or other nonprofit private groups or associations

(1) The Secretary shall request the National Academy of Sciences to conduct the study required by subsection (a) of this section under an arrangement under which the actual expenses incurred by such Academy in conducting such study will be paid by the

Secretary. If the National Academy of Sciences is willing to do so, the Secretary shall enter into such an arrangement with such Academy for the conduct of such study.

(2) If the National Academy of Sciences is unwilling to conduct such study under such an arrangement, then the Secretary shall enter into a similar arrangement with other appropriate nonprofit private groups or associations under which such groups or associations will conduct such study and prepare and submit the reports thereon as provided in subsection (c) of this section.

(3) The National Academy of Sciences or other group or association conducting the study required by subsection (a) of this section shall conduct such study in consultation with the Director of NIH.

(c) Report to Congressional committees

A report on the results of the study required under subsection (a) of this section shall be submitted by the Secretary to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate at least once every four years.

(July 1, 1944, c. 373, Title IV, § 489, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 872, and amended July 10, 1992, Pub.L. 102–321, Title I, § 163(b)(5), 106 Stat. 376.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

Amendments

1992 Amendments. Subsec. (a)(2). Pub.L. 102–321, § 163(b)(5), struck out provisions relating to institutes under Alcohol, Drug Abuse, and Mental Health Administration.

Effective and Applicability Provisions

1992 Acts. Amendment by Pub.L. 102–321 effective Oct. 1, 1992, see section 801(c) of Pub.L. 102–321, set out as a note under section 236 of this title.

Change of Name

Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.

PART H—GENERAL PROVISIONS

HISTORICAL AND STATUTORY NOTES

Amendments

1993 Amendments. Pub.L. 103–43, Title I, § 141(a)(2), June 10, 1993, 107 Stat. 136, redesignated former part G as H. Former part H redesignated I.

§ 289. Institutional review boards; ethics guidance program

HISTORICAL AND STATUTORY NOTES

Study Concerning Research Involving Children

Pub.L. 107–109, § 12, Jan. 4, 2002, 115 Stat. 1416, provided that:

"**(a) Contract with Institute of Medicine.**—The Secretary of Health and Human Services shall enter into a contract with the Institute of Medicine for—

"(1) The conduct, in accordance with subsection (b), of a review of—

"(A) Federal regulations in effect on the date of the enactment of this Act [Jan. 4, 2002] relating to research involving children;

"(B) federally prepared or supported reports relating to research involving children; and

"(C) federally supported evidence-based research involving children; and

"(2) the submission to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, not later than two years after the date of enactment of this Act [Jan. 4, 2002], of a

report concerning the review conducted under paragraph (1) that includes recommendations on best practices relating to research involving children.

"(b) **Areas of review.**—In conducting the review under subsection (a)(1), the Institute of Medicine shall consider the following:

"(1) The written and oral process of obtaining and defining 'assent', 'permission' and 'informed consent' with respect to child clinical research participants and the parents, guardians, and the individuals who may serve as the legally authorized representatives of such children (as defined in subpart A of part 46 of title 45, Code of Federal Regulations).

"(2) The expectations and comprehension of child research participants and the parents, guardians, or legally authorized representatives of such children, for the direct benefits and risks of the child's research involvement, particularly in terms of research versus therapeutic treatment.

"(3) The definition of 'minimal risk' with respect to a healthy child or a child with an illness.

"(4) The appropriateness of the regulations applicable to children of differing ages and maturity levels, including regulations relating to legal status.

"(5) Whether payment (financial or otherwise) may be provided to a child or his or her parent, guardian, or legally authorized representative for the participation of the child in research, and if so, the amount and type of payment that may be made.

"(6) Compliance with the regulations referred to in subsection (a)(1)(A), the monitoring of such compliance (including the role of institutional review boards), and the enforcement actions taken for violations of such regulations.

"(7) The unique roles and responsibilities of institutional review boards in reviewing research involving children, including composition of membership on institutional review boards.

"(c) **Requirements of expertise.**—The Institute of Medicine shall conduct the review under subsection (a)(1) and make recommendations under subsection (a)(2) in conjunction with experts in pediatric medicine, pediatric research, and the ethical conduct of research involving children."

Requirement for Additional Protections for Children Involved in Research

Pub.L. 106–310, Div. A, Title XXVII, § 2701, 114 Stat. 1167, as amended Pub.L. 106–505, Title X, § 1001(a), Nov. 13, 2000, 114 Stat. 2350, provided that: "Notwithstanding any other provision of law, not later than 6 months after the date of the enactment of this Act [Oct. 17, 2000], the Secretary of Health and Human Services shall require that all research involving children that is conducted, supported, or regulated by the Department of Health and Human Services be in compliance with subpart D of part 46 of title 45, Code of Federal Regulations."

[Enactment of this note by Pub.L. 106–310, Div. A, effective Oct. 17, 2000, see section 2901 of Pub.L. 106–310, Div. A, Title XXIX, set out as a note under section 201 of this title.]

[Pub.L. 106–505, § 1001(a) which purported to amend this note by striking "part 45 of title 46" and inserting "part 46 of title 45" was incapable of execution since the language of this note as enacted already read "part 46 of title 45".]

[Pub.L. 106–505, Title X, § 1001(b), Nov. 13, 2000, 114 Stat. 2350, provided that: "The amendment made by subsection (a) [amending this note] takes effect on the date of the enactment of the Children's Health Act of 2000 [Pub.L. 106–310, Oct. 17, 2000, 114 Stat. 1101, which was enacted on Oct 17, 2000; see Tables for complete classification]."]

§ 289a. Peer review requirements

(a) Applications for biomedical and behavioral research grants, cooperative agreements and contracts; regulations

(1) The Secretary, acting through the Director of NIH, shall by regulation require appropriate technical and scientific peer review of—

(A) applications made for grants and cooperative agreements under this chapter for biomedical and behavioral research; and

(B) applications made for biomedical and behavioral research and development contracts to be administered through the National Institutes of Health.

(2) Regulations promulgated under paragraph (1) shall require that the review of applications made for grants, contracts, and cooperative agreements required by the regulations be conducted—

(A) to the extent practical, in a manner consistent with the system for technical and scientific peer review applicable on November 20, 1985, to grants under this chapter for biomedical and behavioral research, and

(B) to the extent practical, by technical and scientific peer review groups performing such review on or before November 20, 1985,

and shall authorize such review to be conducted by groups appointed under sections 282(b)(6) and 284(c)(3) of this title.

(b) Periodic review of research at National Institutes of Health

The Director of NIH shall establish procedures for periodic technical and scientific peer review of research at the National Institutes of Health. Such procedures shall require that—

(1) the reviewing entity be provided a written description of the research to be reviewed, and

(2) the reviewing entity provide the advisory council of the national research institute involved with such description and the results of the review by the entity,

and shall authorize such review to be conducted by groups appointed under sections 282(b)(6) and 284(c)(3) of this title.

(c) Compliance with requirements for inclusion of women and minorities in clinical research

(1) In technical and scientific peer review under this section of proposals for clinical research, the consideration of any such proposal (including the initial consideration) shall, except as provided in paragraph (2), include an evaluation of the technical and scientific merit of the proposal regarding compliance with section 289a–2 of this title.

(2) Paragraph (1) shall not apply to any proposal for clinical research that, pursuant to subsection (b) of section 289a–2 of this title, is not subject to the requirement of subsection (a) of such section regarding the inclusion of women and members of minority groups as subjects in clinical research.

(July 1, 1944, c. 373, Title IV, § 492, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 874, and amended June 10, 1993, Pub.L. 103–43, Title I, § 132, 107 Stat. 135.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1993 Amendments. Subsec. (c). Pub.L. 103–43, § 132, added subsec. (c).

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

§ 289a–1. Certain provisions regarding review and approval of proposals for research

(a) Review as precondition to research

(1) Protection of human research subjects

(A) In the case of any application submitted to the Secretary for financial assistance to conduct research, the Secretary may not approve or fund any application that is subject to review under section 289(a) of this title by an Institutional Review Board unless the application has undergone review in accordance with such section and has been recommended for approval by a majority of the members of the Board conducting such review.

(B) In the case of research that is subject to review under procedures established by the Secretary for the protection of human subjects in clinical research conducted by the National Institutes of Health, the Secretary may not authorize the conduct of the research unless the research has, pursuant to such procedures, been recommended for approval.

(2) Peer review

In the case of any proposal for the National Institutes of Health to conduct or support research, the Secretary may not approve or fund any proposal that is subject to technical and scientific peer review under section 289a of this title unless the proposal has undergone such review in accordance with such section and has been recommended for approval by a majority of the members of the entity conducting such review.

(b) Ethical review of research

(1) Procedures regarding withholding of funds

If research has been recommended for approval for purposes of subsection (a) of this section, the Secretary may not withhold funds for the research because of ethical considerations unless—

(A) the Secretary convenes an advisory board in accordance with paragraph (5) to study such considerations; and

(B)(i) the majority of the advisory board recommends that, because of such considerations, the Secretary withhold funds for the research; or

(ii) the majority of such board recommends that the Secretary not withhold funds for the research because of such considerations, but the Secretary finds, on the basis of the report submitted under paragraph (5)(B)(ii), that the recommendation is arbitrary and capricious.

(2) Rules of construction

Paragraph (1) may not be construed as prohibiting the Secretary from withholding funds for research on the basis of—

(A) the inadequacy of the qualifications of the entities that would be involved with the conduct of the research (including the entity that would directly receive the funds from the Secretary), subject to the condition that, with respect to the process of review through which the research was recommended for approval for purposes of subsection (a) of this section, all findings regarding such qualifications made in such process are conclusive; or

(B) the priorities established by the Secretary for the allocation of funds among projects of research that have been so recommended.

(3) Applicability

The limitation established in paragraph (1) regarding the authority to withhold funds because of ethical considerations shall apply without regard to whether the withholding of funds on such basis is characterized as a disapproval, a moratorium, a prohibition, or other characterization.

(4) Preliminary matters regarding use of procedures

(A) If the Secretary makes a determination that an advisory board should be convened for purposes of paragraph (1), the Secretary shall, through a statement published in the Federal Register, announce the intention of the Secretary to convene such a board.

(B) A statement issued under subparagraph (A) shall include a request that interested individuals submit to the Secretary recommendations specifying the particular individuals who should be appointed to the advisory board involved. The Secretary shall consider such recommendations in making appointments to the board.

(C) The Secretary may not make appointments to an advisory board under paragraph (1) until the expiration of the 30–day period beginning on the date on which the statement required in subparagraph (A) is made with respect to the board.

(5) Ethics advisory boards

(A) Any advisory board convened for purposes of paragraph (1) shall be known as an ethics advisory board (in this paragraph referred to as an "ethics board").

(B)(i) An ethics board shall advise, consult with, and make recommendations to the Secretary regarding the ethics of the project of biomedical or behavioral research with respect to which the board has been convened.

(ii) Not later than 180 days after the date on which the statement required in paragraph (4)(A) is made with respect to an ethics board, the board shall submit to the Secretary, and to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate, a report describing the findings of the board regarding the project of research involved and making a recommendation under clause (i) of whether the Secretary should or should not withhold funds for the project. The report shall include the information considered in making the findings.

(C) An ethics board shall be composed of no fewer than 14, and no more than 20, individuals who are not officers or employees of the United States. The Secretary shall make appointments to the board from among individuals with special qualifications and competence to provide advice and recommendations regarding ethical matters in biomedical and behavioral research. Of the members of the board—

(i) no fewer than 1 shall be an attorney;

(ii) no fewer than 1 shall be an ethicist;

(iii) no fewer than 1 shall be a practicing physician;

(iv) no fewer than 1 shall be a theologian; and

(v) no fewer than one-third, and no more than one-half, shall be scientists with substantial accomplishments in biomedical or behavioral research.

(D) The term of service as a member of an ethics board shall be for the life of the board. If such a member does not serve the full term of such service, the individual appointed to fill the resulting vacancy shall be appointed for the remainder of the term of the predecessor of the individual.

(E) A member of an ethics board shall be subject to removal from the board by the Secretary for neglect of duty or malfeasance or for other good cause shown.

(F) The Secretary shall designate an individual from among the members of an ethics board to serve as the chair of the board.

(G) In carrying out subparagraph (B)(i) with respect to a project of research, an ethics board shall conduct inquiries and hold public hearings.

(H) In carrying out subparagraph (B)(i) with respect to a project of research, an ethics board shall have access to all relevant information possessed by the Department of Health and Human Services, or available to the Secretary from other agencies.

(I) Members of an ethics board shall receive compensation for each day engaged in carrying out the duties of the board, including time engaged in traveling for purposes of such duties. Such compensation may not be provided in an amount in excess of the maximum rate of basic pay payable for GS–18 of the General Schedule.

(J) The Secretary, acting through the Director of the National Institutes of Health, shall provide to each ethics board reasonable staff and assistance to carry out the duties of the board.

(K) An ethics board shall terminate 30 days after the date on which the report required in subparagraph (B)(ii) is submitted to the Secretary and the congressional committees specified in such subparagraph.

(6) Definition

For purposes of this subsection, the term "ethical considerations" means considerations as to whether the nature of the research involved is such that it is unethical to conduct or support the research.

(July 1, 1944, c. 373, Title IV, § 492A, as added June 10, 1993, Pub.L. 103–43, Title I, § 101, 107 Stat. 126.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

References in Text

The General Schedule, referred to in subsec. (b)(5)(I), is set out under section 5332 of Title 5, Government Organization and Employees.

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

Change of Name

Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.

§ 289a–2. Inclusion of women and minorities in clinical research

(a) Requirement of inclusion

(1) In general

In conducting or supporting clinical research for purposes of this subchapter, the Director of NIH shall, subject to subsection (b) of this section, ensure that—

(A) women are included as subjects in each project of such research; and

(B) members of minority groups are included as subjects in such research.

(2) Outreach regarding participation as subjects

The Director of NIH, in consultation with the Director of the Office of Research on Women's Health and the Director of the Office of Research on Minority Health, shall conduct or support outreach programs for the recruitment of women and members of minority groups as subjects in projects of clinical research.

(b) Inapplicability of requirement

The requirement established in subsection (a) of this section regarding women and members of minority groups shall not apply to a project of clinical research if the inclusion, as subjects in the project, of women and members of minority groups, respectively—

(1) is inappropriate with respect to the health of the subjects;

(2) is inappropriate with respect to the purpose of the research; or

(3) is inappropriate under such other circumstances as the Director of NIH may designate.

(c) Design of clinical trials

In the case of any clinical trial in which women or members of minority groups will under subsection (a) of this section be included as subjects, the Director of NIH shall ensure that the trial is designed and carried out in a manner sufficient to provide for a valid analysis of whether the variables being studied in the trial affect women or members of minority groups, as the case may be, differently than other subjects in the trial.

(d) Guidelines

(1) In general

Subject to paragraph (2), the Director of NIH, in consultation with the Director of the Office of Research on Women's Health and the Director of the Office of Research on Minority Health, shall establish guidelines regarding the requirements of this section. The guidelines shall include guidelines regarding—

(A) the circumstances under which the inclusion of women and minorities as subjects in projects of clinical research is inappropriate for purposes of subsection (b) of this section;

(B) the manner in which clinical trials are required to be designed and carried out for purposes of subsection (c) of this section; and

(C) the operation of outreach programs under subsection (a) of this section.

(2) Certain provisions

With respect to the circumstances under which the inclusion of women or members of minority groups (as the case may be) as subjects in a project of clinical research is inappropriate for purposes of subsection (b) of this section, the following applies to guidelines under paragraph (1):

(A)(i) In the case of a clinical trial, the guidelines shall provide that the costs of such inclusion in the trial is not a permissible consideration in determining whether such inclusion is inappropriate.

(ii) In the case of other projects of clinical research, the guidelines shall provide that the costs of such inclusion in the project is not a permissible consideration in determining whether such inclusion is inappropriate unless the data regarding women or members of minority groups, respectively, that would

be obtained in such project (in the event that such inclusion were required) have been or are being obtained through other means that provide data of comparable quality.

(B) In the case of a clinical trial, the guidelines may provide that such inclusion in the trial is not required if there is substantial scientific data demonstrating that there is no significant difference between—

(i) the effects that the variables to be studied in the trial have on women or members of minority groups, respectively; and

(ii) the effects that the variables have on the individuals who would serve as subjects in the trial in the event that such inclusion were not required.

(e) Date certain for guidelines; applicability

(1) Date certain

The guidelines required in subsection (d) of this section shall be established and published in the Federal Register not later than 180 days after June 10, 1993.

(2) Applicability

For fiscal year 1995 and subsequent fiscal years, the Director of NIH may not approve any proposal of clinical research to be conducted or supported by any agency of the National Institutes of Health unless the proposal specifies the manner in which the research will comply with this section.

(f) Reports by advisory councils

The advisory council of each national research institute shall prepare biennial reports describing the manner in which the institute has complied with this section. Each such report shall be submitted to the Director of the institute involved for inclusion in the biennial report under section 283 of this title.

(g) Definitions

For purposes of this section:

(1) The term "project of clinical research" includes a clinical trial.

(2) The term "minority group" includes subpopulations of minority groups. The Director of NIH shall, through the guidelines established under subsection (d) of this section, define the terms "minority group" and "subpopulation" for purposes of the preceding sentence.

(July 1, 1944, c. 373, Title IV, § 492B, as added June 10, 1993, Pub.L. 103–43, Title I, § 131, 107 Stat. 133.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

Inapplicability to Current Projects

Section 133 of Pub.L. 103–43 provided that: "Section 492B of the Public Health Service Act [this section], as added by section 131 of this Act, shall not apply with respect to projects of clinical research for which initial funding was provided prior to the date of the enactment of this Act [June 10, 1993]. With respect to the inclusion of women and minorities as subjects in clinical research conducted or supported by the National Institutes of Health, any policies of the Secretary of Health and Human Services regarding such inclusion that are in effect on the day before the date of the enactment of this Act [June 10, 1993] shall continue to apply to the projects referred to in the preceding sentence."

CROSS REFERENCES

Duties and authority of Director concerning Center for Women Veterans, see 38 USCA § 318.

Veterans and particular health conditions affecting members of minority groups, see 38 USCA § 317.

LIBRARY REFERENCES

Law Review and Journal Commentaries

NIH promulgates new guidelines for the inclusion of women and minorities in medical research. Recent Developments, 10 Berkeley Women's L.J. 183 (1995).

§ 289b. Office of Research Integrity

(a) In general

(1) Establishment of Office

Not later than 90 days after June 10, 1993, the Secretary shall establish an office to be known as the Office of Research Integrity (referred to in this section as the "Office"), which shall be established as an independent entity in the Department of Health and Human Services.

(2) Appointment of Director

The Office shall be headed by a Director, who shall be appointed by the Secretary, be experienced and specially trained in the conduct of research, and have experience in the conduct of investigations of research misconduct. The Secretary shall carry out this section acting through the Director of the Office. The Director shall report to the Secretary.

(3) Definitions

(A) The Secretary shall by regulation establish a definition for the term "research misconduct" for purposes of this section.

(B) For purposes of this section, the term "financial assistance" means a grant, contract, or cooperative agreement.

(b) Existence of administrative processes as condition of funding for research

The Secretary shall by regulation require that each entity that applies for financial assistance under this chapter for any project or program that involves the conduct of biomedical or behavioral research submit in or with its application for such assistance—

(1) assurances satisfactory to the Secretary that such entity has established and has in effect (in accordance with regulations which the Secretary shall prescribe) an administrative process to review reports of research misconduct in connection with biomedical and behavioral research conducted at or sponsored by such entity;

(2) an agreement that the entity will report to the Director any investigation of alleged research misconduct in connection with projects for which funds have been made available under this chapter that appears substantial; and

(3) an agreement that the entity will comply with regulations issued under this section.

(c) Process for response of Director

The Secretary shall by regulation establish a process to be followed by the Director for the prompt and appropriate—

(1) response to information provided to the Director respecting research misconduct in connection with projects for which funds have been made available under this chapter;

(2) receipt of reports by the Director of such information from recipients of funds under this chapter;

(3) conduct of investigations, when appropriate; and

(4) taking of other actions, including appropriate remedies, with respect to such misconduct.

(d) Monitoring by Director

The Secretary shall by regulation establish procedures for the Director to monitor administrative processes and investigations that have been established or carried out under this section.

(e) Protection of whistleblowers

(1) In general

In the case of any entity required to establish administrative processes under subsection (b) of this section, the Secretary shall by regulation establish standards for preventing, and for responding to the occurrence of retaliation by such entity, its officials or agents, against an employee in the terms and conditions of employment in response to the employee having in good faith—

(A) made an allegation that the entity, its officials or agents, has engaged in or failed to adequately respond to an allegation of research misconduct; or

(B) cooperated with an investigation of such an allegation.

(2) Monitoring by Secretary

The Secretary shall by regulation establish procedures for the Director to monitor the implementation of the standards established by an entity under paragraph (1) for the purpose of determining whether the procedures have been established, and are being utilized, in accordance with the standards established under such paragraph.

(3) Noncompliance

The Secretary shall by regulation establish remedies for noncompliance by an entity, its officials or agents, which has engaged in retaliation in violation of the standards established under paragraph (1). Such remedies may include termination of funding provided by the Secretary for such project or recovery of funding being provided by the Secretary for such project, or other actions as appropriate.

(July 1, 1944, c. 373, Title IV, § 493, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 874, and amended June 10, 1993, Pub.L. 103–43, Title I, §§ 161, 163, 107 Stat. 140, 142.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

References in Text

June 10, 1993, referred to in subsec. (a)(1), was in the original "the date of enactment of this section" and was translated as the date of enactment of Pub.L. 103–43, which amended this section generally and which was approved June 10, 1993, as the probable intent of Congress.

Amendments

1993 Amendments. Pub.L. 103–43, § 161, amended section generally substituting provision relating to the Office of Research Integrity for provision relating to protection against scientific fraud.

Subsec. (e). Pub.L. 103–43, § 163, added subsec. (e).

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

Regulations

Section 165 of Pub.L. 103–43 provided that:

"**(a) Issuance of final rules.**—

"**(1) In general.**—Not later than 180 days after the date of the enactment of this Act [June 10, 1993], the Secretary shall, subject to paragraph (2), issue the final rule for each regulation required in section 493 or 493A of the Public Health Service Act [this section or section 289b–1 of this title].

"**(2) Definition of research misconduct.**—Not later than 90 days after the date on which the report required in section 162(e) [section 162(e) of Pub.L. 103–43, which was not classified to the Code] is submitted to the Secretary, the Secretary shall issue the final rule for the regulations required in section 493 of the Public Health Service Act [this section] with respect to the definition of the term 'research misconduct'.

"**(b) Applicability to ongoing investigations.**—The final rule issued pursuant to subsection (a) for investigations under section 493 of the Public Health Service Act [this section] does not apply to investigations commenced before the date of the enactment of this Act [June 10, 1993] under authority of such section as in effect before such date [June 10, 1993].

"**(c) Definitions.**—For purposes of this section:

"(1) The term 'section 493 of the Public Health Service Act' means such section as amended by sections 161 and 163 of this Act [this section], except as indicated otherwise in subsection (b).

"(2) The term 'section 493A of the Public Health Service Act' means such section as added by section 164 of this Act [section 289b–1 of this title].

"(3) The term 'Secretary' means the Secretary of Health and Human Services."

§ 289b–1. Protection against financial conflicts of interest in certain projects of research

(a) Issuance of regulations

The Secretary shall by regulation define the specific circumstances that constitute the existence of a financial interest in a project on the part of an entity or individual that will, or may be reasonably expected to, create a bias in favor of obtaining results in such project that are consistent with such financial interest. Such definition shall apply uniformly to each entity or individual conducting a research project under this chapter. In the case of any entity or individual receiving assistance from the Secretary for a project of research described in subsection (b) of this section, the Secretary shall by regulation establish standards for responding to, including managing, reducing, or eliminating, the existence of such a financial interest. The entity may adopt individualized procedures for implementing the standards.

(b) Relevant projects

A project of research referred to in subsection (a) of this section is a project of clinical research whose purpose is to evaluate the safety or effectiveness of a drug, medical device, or treatment and for which such entity is receiving assistance from the Secretary.

(c) Identifying and reporting to Secretary

The Secretary shall by regulation require that each entity described in subsection (a) of this section that applies for assistance under this chapter for any project described in subsection (b) of this section submit in or with its application for such assistance—

(1) assurances satisfactory to the Secretary that such entity has established and has in effect an administrative process under subsection (a) of this section to identify financial interests (as defined under subsection (a) of this section) that exist regarding the project; and

(2) an agreement that the entity will report to the Secretary such interests identified by the entity and how any such interests identified by the entity will be managed or eliminated in order that the project in question will be protected from bias that may stem from such interests; and

(3) an agreement that the entity will comply with regulations issued under this section.

(d) Monitoring of process

The Secretary shall monitor the establishment and conduct of the administrative process established by an entity pursuant to subsection (a) of this section.

(e) Response

In any case in which the Secretary determines that an entity has failed to comply with subsection (c) of this section regarding a project of research described in subsection (b) of this section, the Secretary—

(1) shall require that, as a condition of receiving assistance, the entity disclose the existence of a financial interest (as defined under subsection (a) of this section) in each public presentation of the results of such project; and

(2) may take such other actions as the Secretary determines to be appropriate.

(f) Definitions

For purposes of this section:

(1) The term "financial interest" includes the receipt of consulting fees or honoraria and the ownership of stock or equity.

(2) The term "assistance", with respect to conducting a project of research, means a grant, contract, or cooperative agreement.

(July 1, 1944, c. 373, Title IV, § 493A, as added June 10, 1993, Pub.L. 103–43, Title I, § 164, 107 Stat. 142.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

§ 289c. Research on public health emergencies; report to Congressional committees

(a) If the Secretary determines, after consultation with the Director of NIH, the Commissioner of the Food and Drug Administration, or the Director of the Centers for Disease Control and Prevention, that a disease or disorder constitutes a public health emergency, the Secretary, acting through the Director of NIH—

(1) shall expedite the review by advisory councils under section 284a of this title and by peer review groups under section 289a of this title of applications for grants for research on such disease or disorder or proposals for contracts for such research;

(2) shall exercise the authority in section 5 of Title 41 respecting public exigencies to waive the advertising requirements of such section in the case of proposals for contracts for such research;

(3) may provide administrative supplemental increases in existing grants and contracts to support new research relevant to such disease or disorder; and

(4) shall disseminate, to health professionals and the public, information on the cause, prevention, and treatment of such disease or disorder that has been developed in research assisted under this section.

The amount of an increase in a grant or contract provided under paragraph (3) may not exceed one-half the original amount of the grant or contract.

(b) Not later than 90 days after the end of a fiscal year, the Secretary shall report to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate on actions taken under subsection (a) of this section in such fiscal year.

(July 1, 1944, c. 373, Title IV, § 494, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 875, and amended Oct. 27, 1992, Pub.L. 102–531, Title III, § 312(d)(9), 106 Stat. 3504.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–318 and House Conference Report No. 102–1019, see 1992 U.S. Code Cong. and Adm. News, p. 3022.

Amendments

1992 Amendments. Subsec. (a). Pub.L. 102–531, Title III, § 312(d)(9), substituted "Centers for Disease Control and Prevention" for "Centers for Disease Control".

Change of Name

Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.

§ 289c–1. Collaborative use of certain health services research funds

The Secretary shall ensure that amounts made available under subparts 14, 15 and 16 of part C for health services research relating to alcohol abuse and alcoholism, drug abuse and mental health be used collaboratively, as appropriate, and in consultation with the Agency for Healthcare Research and Quality.

(July 1, 1944, c. 373, Title IV, § 494A, as added July 10, 1992, Pub.L. 102–321, Title I, § 125, 106 Stat. 366, and amended June 10, 1993, Pub.L. 103–43, Title XX, § 2016(c), 107 Stat. 218; Dec. 21, 1995, Pub.L. 104–66, Title I, § 1062(b), 109 Stat. 720; Nov. 10, 1998, Pub.L. 105–362, Title VI, § 601(a)(1)(F), 112 Stat. 3285; Dec. 6, 1999, Pub.L. 106–129, § 2(b)(2), 113 Stat. 1670.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, see p. 277.

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

1995 Acts. House Report No. 104–327, see 1995 U.S. Code Cong. and Adm. News, p. 674.

1999 Acts. Statement by President, see 1999 U.S. Code Cong. and Adm. News, p. 322.

Amendments

1999 Amendments. Pub.L. 106–129, § 2(b)(2), which directed that "Agency for Healthcare Research and Quality" be substituted for "Agency for Health Care Policy and Research", throughout the section, was executed by substituting "Agency for Healthcare Research and Quality" for "Agency for Health Care Policy Research", throughout the section as the probable intent of Congress.

1998 Amendments. Subsec. (a). Pub.L. 105–362, § 601(a)(1)(F)(i), struck out "(a) In general".

Subsec. (b). Pub.L. 105–362, § 601(a)(1)(F)(ii), struck out subsec. (b), which formerly read:

"(b) Report

"Not later than December 30, 1993, and each December 30 thereafter, the Secretary shall prepare and submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate, a report concerning the activities carried out with the amounts referred to in subsection (a) of this section."

1995 Amendments. Subsec. (b). Pub.L. 104–66, § 1062(b), substituted "December 30, 1993, and each December 30 thereafter" for "September 30, 1993, and annually thereafter".

1993 Amendments. Subsec. (b). Pub.L. 103–43, § 2016(c), changed due date of report from not later than May 3, 1993 to not later than Sept. 30, 1993.

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

1992 Acts. Section effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal years 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of this title.

Change of Name

Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.

§ 289d. Animals in research

HISTORICAL AND STATUTORY NOTES

Plan for Research Involving Animals

Section 4 of Pub.L. 99–158, which provided for the establishment of a plan for research involving animals, which plan was to be prepared not later than Oct. 1, 1986, dissemination of information of valid and reliable methods of biomedical research and experimentation which do not require the use of animals, and an Interagency Coordination Committee to assist the Director of the National Instituted of Health in development of the plan, was repealed by Pub.L. 103–43, Title II, § 205(b), June 10, 1993, 107 Stat. 148. See section 283e of this title.

Prohibition on Funding of Projects Involving Use of Chimpanzees Obtained from the Wild

Pub.L. 102–394, Title II, § 213, Oct. 6, 1992, 106 Stat. 1812, provided that: "No funds appropriated under this Act [Pub.L. 102–394, Oct. 6, 1992, 106 Stat. 1792, the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 1993; for distribution of this Act to the Code, see Tables] or subsequent Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Acts shall be used by the National Institutes of Health, or any other Federal agency, or recipient of Federal funds on any project that entails the capture or procurement of chimpanzees obtained from the wild. For purposes of this section, the term 'recipient of Federal funds' includes private citizens, corporations, or other research institutions located outside of the United States that are recipients of Federal funds."

§ 289e. Use of appropriations

(a) Appropriations to carry out the purposes of this subchapter, unless otherwise expressly provided, may be expended in the District of Columbia for—

(1) personal services;

(2) stenographic recording and translating services;

(3) travel expenses (including the expenses of attendance at meetings when specifically authorized by the Secretary);

(4) rental;

(5) supplies and equipment;

(6) purchase and exchange of medical books, books of reference, directories, periodicals, newspapers, and press clippings;

(7) purchase, operation, and maintenance of passenger motor vehicles;

(8) printing and binding (in addition to that otherwise provided by law); and

(9) all other necessary expenses in carrying out this subchapter.

Such appropriations may be expended by contract if deemed necessary, without regard to section 5 of Title 41.

(b)(1) None of the amounts appropriated under this chapter for the purposes of this subchapter may be obligated for the construction of facilities (including the acquisition of land) unless a provision of this subchapter establishes express authority for such purpose and unless the Act making appropriations under such provision specifies that the amounts appropriated are available for such purpose.

(2) Any grants, cooperative agreements, or contracts authorized in this subchapter for the construction of facilities may be awarded only on a competitive basis.

(July 1, 1944, c. 373, Title IV, § 496, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 877, and amended Nov. 29, 1989, Pub.L. 101–190, § 8, 103 Stat. 1695; June 10, 1993, Pub.L. 103–43, Title XX, § 2008(b)(15), 107 Stat. 211.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1993 Amendments. Subsec. (a). Pub.L. 103–43, § 2008(b)(15), substituted "Appropriations to carry out the purposes of this subchapter" for "Such appropriations".

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

§ 289f. Gifts and donations; memorials

The Secretary may, in accordance with section 238 of this title, accept conditional gifts for the National Institutes of Health or a national research institute or for the acquisition of grounds or for the erection, equipment, or maintenance of facilities for the National Institutes of Health or a national research institute. Donations of $50,000 or over for the National Institutes of Health or a national research institute for carrying out the purposes of this subchapter may be acknowledged by the establishment within the National Institutes of Health or a national research institute of suitable memorials to the donors.

(July 1, 1944, c. 373, Title IV, § 497, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 877, and amended Nov. 14, 1986, Pub.L. 99–660, Title III, § 311(b)(1), 100 Stat. 3779; Nov. 4, 1988, Pub.L. 100–607, Title II, § 204(3), 102 Stat. 3079; Nov. 18, 1988, Pub.L. 100–690, Title II, § 2620(b)(2), 102 Stat. 4244; Aug. 18, 1990, Pub.L. 101–381, Title I, § 102(5), 104 Stat. 586; June 10, 1993, Pub.L. 103–43, Title XX, § 2010(b)(6), 107 Stat. 214.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1993 Amendments. Pub.L. 103–43, § 2010(b)(6), substituted "section 238 of this title" for "section 300aaa of this title".

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

§ 289g. Fetal research

(a) Conduct or support by Secretary; restrictions

The Secretary may not conduct or support any research or experimentation, in the United States or in any other country, on a nonviable living human fetus ex utero or a living human fetus ex utero for whom viability has not been ascertained unless the research or experimentation—

(1) may enhance the well-being or meet the health needs of the fetus or enhance the probability of its survival to viability; or

(2) will pose no added risk of suffering, injury, or death to the fetus and the purpose of the research or experimentation is the development of important biomedical knowledge which cannot be obtained by other means.

(b) Risk standard for fetuses intended to be aborted and fetuses intended to be carried to term to be same

In administering the regulations for the protection of human research subjects which—

(1) apply to research conducted or supported by the Secretary;

(2) involve living human fetuses in utero; and

(3) are published in section 46.208 of part 46 of title 45 of the Code of Federal Regulations;

or any successor to such regulations, the Secretary shall require that the risk standard (published in section 46.102(g) of such part 46 or any successor to such regulations) be the same for fetuses which are intended to be aborted and fetuses which are intended to be carried to term.

(c) Repealed. Pub.L. 103–43, Title I, § 121(b)(1), June 10, 1993, 107 Stat. 133

(July 1, 1944, c. 373, Title IV, § 498, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 877, and amended Nov. 4, 1988, Pub.L. 100–607, Title I, §§ 156, 157(b), 102 Stat. 3059; June 10, 1993, Pub.L. 103–43, Title I, § 121(b)(1), 107 Stat. 133.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1993 Amendments. Subsec. (c). Pub.L. 103–43, § 121(b)(1), struck out subsec. (c), which directed the Biomedical Ethics Advisory Committee to conduct a study of the nature, advisability, and biomedical and ethical implications of exercising any waiver of the risk standard published in section 46.102(g) of part 46 of title 45 of the Code of Federal regulations and to report its finding to the Biomedical Ethics Board not later than 24 months after Nov. 4, 1988, which report was to be then transmitted to specified Congressional committees.

1988 Amendments. Pub.L. 100–607, § 156(2), substituted "1990"for "1988".

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

Repeals

Par. (2) of subsec. (c) of this section, which provided that during the 24-month period beginning on Nov. 4, 1988, the Secretary may not grant (under section 46.211 of part 45 of title 46 of the Code of Federal Regulations or any successor to such section) a modification or waiver for fetal research, was repealed by par. (3) of subsec. (c) effective Oct. 1, 1990.

Nullification of Certain Provisions

Section 121(c) of Pub.L. 103–43 provided that: "The provisions of Executive Order 12806 (57 Fed.Reg. 21589 (May 21, 1992)) [set out as a note under this section] shall not have any legal effect. The provisions of section 204(d) of part 46 of title 45 of the Code of Federal Regulations (45 CFR 46.204(d)) shall not have any legal effect."

EXECUTIVE ORDERS

EXECUTIVE ORDER NO. 12806

May 19, 1992, 57 F.R. 21589

ESTABLISHMENT OF A FETAL TISSUE BANK

By the authority vested in me as President by the Constitution and the laws of the United States of America, and in order to provide a source of human tissue to develop treatments and research methods for various diseases, it is hereby ordered as follows:

Section 1. Establishment of a Fetal Tissue Bank. The Secretary of Health and Human Services ("Secretary") shall establish a human fetal tissue bank. The fetal tissue in the bank shall be obtained exclusively from ectopic pregnancies and spontaneous abortions.

Sec. 2. Procedures. The Secretary shall establish procedures for making tissue from the bank available for meritorious research projects selected through an appropriate peer review process. The Secretary shall include in the bank a registry of physicians and hospitals interested in using the tissue from the bank to further specific medical objectives.

Sec. 3. Policies. The Secretary shall develop human fetal cell lines in a manner consistent with current policy and ensure that the actions directed by sections 2 and 3 of this order are carried out in accordance with all other applicable legal requirements related to fetal tissue.

Sec. 4. Report. The Secretary shall report his progress in carrying out this order to the President on or before December 31, 1992.

GEORGE BUSH

MEMORANDA OF PRESIDENT

Jan. 22, 1993, 58 FR 7457

FEDERAL FUNDING OF FETAL TISSUE TRANSPLANTATION RESEARCH

Memorandum for the Secretary of Health and Human Services

On March 22, 1988, the Assistant Secretary for Health of Health and Human Services ("HHS") imposed a temporary moratorium on Federal funding of research involving transplantation of fetal tissue from induced abortions. Contrary to the recommendations of a National Institutes of Health advisory panel, on November 2, 1989, the Secretary of Health and Human Services extended the moratorium indefinitely. This moratorium has significantly hampered the development of possible treatments for individuals afflicted with serious diseases and disorders, such as Parkinson's disease, Alzheimer's disease, diabetes, and leukemia. Accordingly, I hereby direct that you immediately lift the moratorium.

You are hereby authorized and directed to publish this memorandum in the **Federal Register.**

WILLIAM J. CLINTON

§ 289g–1. Research on transplantation of fetal tissue

(a) Establishment of program

(1) In general

The Secretary may conduct or support research on the transplantation of human fetal tissue for therapeutic purposes.

(2) Source of tissue

Human fetal tissue may be used in research carried out under paragraph (1) regardless of whether the tissue is obtained pursuant to a spontaneous or induced abortion or pursuant to a stillbirth.

(b) Informed consent of donor

(1) In general

In research carried out under subsection (a) of this section, human fetal tissue may be used only if the woman providing the tissue makes a statement, made in writing and signed by the woman, declaring that—

(A) the woman donates the fetal tissue for use in research described in subsection (a) of this section;

(B) the donation is made without any restriction regarding the identity of individuals who may be the recipients of transplantations of the tissue; and

(C) the woman has not been informed of the identity of any such individuals.

(2) Additional statement

In research carried out under subsection (a) of this section, human fetal tissue may be used only if the attending physician with respect to obtaining the tissue from the woman involved makes a statement, made in writing and signed by the physician, declaring that—

(A) in the case of tissue obtained pursuant to an induced abortion—

(i) the consent of the woman for the abortion was obtained prior to requesting or obtaining consent for a donation of the tissue for use in such research;

(ii) no alteration of the timing, method, or procedures used to terminate the pregnancy was made solely for the purposes of obtaining the tissue; and

(iii) the abortion was performed in accordance with applicable State law;

(B) the tissue has been donated by the woman in accordance with paragraph (1); and

(C) full disclosure has been provided to the woman with regard to—

(i) such physician's interest, if any, in the research to be conducted with the tissue; and

(ii) any known medical risks to the woman or risks to her privacy that might be associated with the donation of the tissue and that are in addition to risks of such type that are associated with the woman's medical care.

(c) Informed consent of researcher and donee

In research carried out under subsection (a) of this section, human fetal tissue may be used only if the individual with the principal responsibility for conducting the research involved makes a statement, made in writing and signed by the individual, declaring that the individual—

(1) is aware that—

(A) the tissue is human fetal tissue;

(B) the tissue may have been obtained pursuant to a spontaneous or induced abortion or pursuant to a stillbirth; and

(C) the tissue was donated for research purposes;

(2) has provided such information to other individuals with responsibilities regarding the research;

(3) will require, prior to obtaining the consent of an individual to be a recipient of a transplantation of the tissue, written acknowledgment of receipt of such information by such recipient; and

(4) has had no part in any decisions as to the timing, method, or procedures used to terminate the pregnancy made solely for the purposes of the research.

(d) Availability of statements for audit

(1) In general

In research carried out under subsection (a) of this section, human fetal tissue may be used only if the head of the agency or other entity conducting the research involved certifies to the Secretary that the statements required under subsections (b)(2) and (c) of this section will be available for audit by the Secretary.

(2) Confidentiality of audit

Any audit conducted by the Secretary pursuant to paragraph (1) shall be conducted in a confidential manner to protect the privacy rights of the individuals and entities involved in such research, including such individuals and entities involved in the donation, transfer, receipt, or transplantation of human fetal tissue. With respect to any material or information obtained pursuant to such audit, the Secretary shall—

(A) use such material or information only for the purposes of verifying compliance with the requirements of this section;

(B) not disclose or publish such material or information, except where required by Federal law, in which case such material or information shall be

coded in a manner such that the identities of such individuals and entities are protected; and

(C) not maintain such material or information after completion of such audit, except where necessary for the purposes of such audit.

(e) Applicability of State and local law

(1) Research conducted by recipients of assistance

The Secretary may not provide support for research under subsection (a) of this section unless the applicant for the financial assistance involved agrees to conduct the research in accordance with applicable State law.

(2) Research conducted by Secretary

The Secretary may conduct research under subsection (a) of this section only in accordance with applicable State and local law.

(f) Report

The Secretary shall annually submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report describing the activities carried out under this section during the preceding fiscal year, including a description of whether and to what extent research under subsection (a) of this section has been conducted in accordance with this section.

(g) "Human fetal tissue" defined

For purposes of this section, the term "human fetal tissue" means tissue or cells obtained from a dead human embryo or fetus after a spontaneous or induced abortion, or after a stillbirth.

(July 1, 1944, c. 373, Title IV, § 498A, as added June 10, 1993, Pub.L. 103–43, Title I, § 111, 107 Stat. 129.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

Change of Name

Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.

Nullification of Moratorium

Section 113 of Pub.L. 103–43 provided that:

"**(a) In general.**—Except as provided in subsection (c), no official of the executive branch may impose a policy that the Department of Health and Human Services is prohibited from conducting or supporting any research on the transplantation of human fetal tissue for therapeutic purposes. Such research shall be carried out in accordance with section 498A of the Public Health Service Act (as added by section 111 of this Act) [this section], without regard to any such policy that may have been in effect prior to the date of the enactment of this Act [June 10, 1993].

"**(b) Prohibition against withholding of funds in cases of technical and scientific merit.**—

"**(1) In general.**—Subject to subsection (b)(2) of section 492A of the Public Health Service Act (as added by section 101 of this Act) [section 289a–1(b)(2) of this title], in the case of any proposal for research on the transplantation of human fetal tissue for therapeutic purposes, the Secretary of Health and Human Services may not withhold funds for the research if—

"(A) the research has been approved for purposes of subsection (a) of such section 492A [section 289a–1 of this title];

"(B) the research will be carried out in accordance with section 498A of such Act (as added by section 111 of this Act) [this section]; and

"(C) there are reasonable assurances that the research will not utilize any human fetal tissue that has been obtained in violation of section 498B(a) of such Act (as added by section 112 of this Act) [section 289g–2(a) of this title].

"(2) **Standing approval regarding ethical status.**—In the case of any proposal for research on the transplantation of human fetal tissue for therapeutic purposes, the issuance in December 1988 of the Report of the Human Fetal Tissue Transplantation Research Panel shall be deemed to be a report—

"(A) issued by an ethics advisory board pursuant to section 492A(b)(5)(B)(ii) of the Public Health Service Act (as added by section 101 of this Act) [section 289a–1(b)(5)(B)(ii) of this title]; and

"(B) finding, on a basis that is neither arbitrary nor capricious, that the nature of the research is such that it is not unethical to conduct or support the research.

"(c) **Authority for withholding funds from research.**—In the case of any research on the transplantation of human fetal tissue for therapeutic purposes, the Secretary of Health and Human Services may withhold funds for the research if any of the conditions specified in any of subparagraphs (A) through (C) of subsection (b)(1) are not met with respect to the research.

"(d) **Definition.**—For purposes of this section, the term 'human fetal tissue' has the meaning given such term in section 498A(f) of the Public Health Service Act (as added by section 111 of this Act) [probably means subsec. (g) of this section]."

Report by General Accounting Office on Adequacy of Requirements

Section 114 of Pub.L. 103–43 provided that:

"(a) **In general.**—With respect to research on the transplantation of human fetal tissue for therapeutic purposes, the Comptroller General of the United States shall conduct an audit for the purpose of determining—

"(1) whether and to what extent such research conducted or supported by the Secretary of Health and Human Services has been conducted in accordance with section 498A of the Public Health Service Act (as added by section 111 of this Act) [this section]; and

"(2) whether and to what extent there have been violations of section 498B of such Act (as added by section 112 of this Act) [section 289g–2 of this title].

"(b) **Report.**—Not later than May 19, 1995, the Comptroller General of the United States shall complete the audit required in subsection (a) and submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report describing the findings made pursuant to the audit."

[Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.]

LIBRARY REFERENCES

Law Review and Journal Commentaries

NIH Revitalization Act of 1993 washed away many legal problems with fetal tissue transplantation research but a stain remains. 49 SMU L.Rev. 375 (1996).

§ 289g–2. Prohibitions regarding human fetal tissue

(a) Purchase of tissue

It shall be unlawful for any person to knowingly acquire, receive, or otherwise transfer any human fetal tissue for valuable consideration if the transfer affects interstate commerce.

(b) Solicitation or acceptance of tissue as directed donation for use in transplantation

It shall be unlawful for any person to solicit or knowingly acquire, receive, or accept a donation of human fetal tissue for the purpose of transplantation of such tissue into another person if the donation affects interstate commerce, the tissue will be or is obtained pursuant to an induced abortion, and—

(1) the donation will be or is made pursuant to a promise to the donating individual that the donated tissue will be transplanted into a recipient specified by such individual;

(2) the donated tissue will be transplanted into a relative of the donating individual; or

(3) the person who solicits or knowingly acquires, receives, or accepts the donation has provided valuable consideration for the costs associated with such abortion.

(c) Criminal penalties for violations

(1) In general

Any person who violates subsection (a) or (b) of this section shall be fined in accordance with Title 18, subject to paragraph (2), or imprisoned for not more than 10 years, or both.

(2) Penalties applicable to persons receiving consideration

With respect to the imposition of a fine under paragraph (1), if the person involved violates subsection (a) or (b)(3) of this section, a fine shall be imposed in an amount not less than twice the amount of the valuable consideration received.

(d) Definitions

For purposes of this section:

(1) The term "human fetal tissue" has the meaning given such term in section 289g–1(f) [1] of this title.

(2) The term "interstate commerce" has the meaning given such term in section 321(b) of Title 21.

(3) The term "valuable consideration" does not include reasonable payments associated with the transportation, implantation, processing, preservation, quality control, or storage of human fetal tissue.

(July 1, 1944, c. 373, Title IV, § 498B, as added June 10, 1993, Pub.L. 103–43, Title I, § 112, 107 Stat. 131.)

[1] So in original. Probably should be "289g–1(g)".

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Effective and Applicability Provisions

1993 Acts. Section effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

§ 289h. Repealed. Pub.L. 103–43, Title I, § 121(b)(2), June 10, 1993, 107 Stat. 133

HISTORICAL AND STATUTORY NOTES

Section, Act July 1, 1944, c. 373, Title IV, § 499, as added Nov. 20, 1985, Pub.L. 99–158, § 2, 99 Stat. 878, provided that this subchapter not be construed as limiting the functions or authority of the Secretary under section 241 of this title or of any officer or agency of the United States, relating to the study, prevention, diagnosis, and treatment of any disease for which a separate national research institute was established under this subchapter or the expenditure of any funds therefor.

Effective Date of Repeal

Repeal effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

§ 290a. Victims of fire

(a) Research on burns, burn injuries, and rehabilitation

The Secretary of Health and Human Services shall establish, within the National Institutes of Health and in cooperation with the Director, an expanded program of research on burns, treatment of burn injuries, and rehabilitation of victims of fires. The National Institutes of Health shall—

(1) sponsor and encourage the establishment throughout the Nation of twenty-five additional burn centers, which shall comprise separate hospital facilities providing specialized burn treatment and including research and teaching programs, and twenty-five additional burn units, which shall comprise specialized facilities in general hospitals used only for burn victims;

(2) provide training and continuing support of specialists to staff the new burn centers and burn units;

(3) sponsor and encourage the establishment of ninety burn programs in general hospitals which comprise staffs of burn injury specialists;

(4) provide special training in emergency care for burn victims;

(5) augment sponsorship of research on burns and burn treatment;

(6) administer and support a systematic program of research concerning smoke inhalation injuries; and

(7) sponsor and support other research and training programs in the treatment and rehabilitation of burn injury victims.

(b) Authorization of appropriations

For purposes of this section, there are authorized to be appropriated not to exceed $5,000,000 for the fiscal year ending June 30, 1975 and not to exceed $8,000,000 for the fiscal year ending June 30, 1976.

(As amended Pub.L. 106–503, Title I, § 110(a)(2)(B)(vii), Nov. 13, 2000, 114 Stat. 2302.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

2000 Acts. House Report No. 106–133, see 2000 U.S. Code Cong. and Adm. News, p. 2152.

Codifications

The directory language in section 110(a)(2)(B)(vii) of Pub.L. 105–503 calling for the substitution of "Director" for "Secretary" the second place it appears in subsec. (a) failed to take into account the earlier addition of "of Commerce" following "Secretary" pursuant to section 4(6) of the Federal Fire Prevention and Control Act of 1974, Pub.L. 93–498, formerly classified to section 2203(6) of Title 15, Commerce and Trade. The amendment was executed without regard to the addition of "of Commerce", which was removed.

Amendments

2000 Amendments. Subsec. (a). Pub.L. 106–503, § 110(a)(2)(B)(vii), substituted "in cooperation with the Director" for "in cooperation with the Secretary". See Codifications note under this section.

PART I—FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH

HISTORICAL AND STATUTORY NOTES

Amendments

1998 Amendments. Pub.L. 105–392, Title IV, § 418(1), Nov. 13, 1998, 112 Stat. 3591, rewrote the part heading which previously read: "PART I—NATIONAL FOUNDATION FOR BIOMEDICAL RESEARCH".

1993 Amendments. Pub.L. 103–43, Title I, § 141(a)(2), June 10, 1993, 107 Stat. 136, redesignated former part H as (I).

§ 290b. Establishment and duties of Foundation

(a) In general

The Secretary shall, acting through the Director of NIH, establish a nonprofit corporation to be known as the Foundation for the National Institutes of Health (hereafter in this section referred to as the "Foundation"). The Foundation shall not be an agency or instrumentality of the United States Government.

(b) Purpose of Foundation

The purpose of the Foundation shall be to support the National Institutes of Health in its mission (including collection of funds for pediatric pharmacological research), and to advance collaboration with biomedical researchers from universities, industry, and nonprofit organizations.

(c) Certain activities of Foundation

(1) In general

In carrying out subsection (b) of this section, the Foundation may solicit and accept gifts, grants, and other donations, establish accounts, and invest and expend funds in support of the following activities with respect to the purpose described in such subsection:

(A) A program to provide and administer endowed positions that are associated with the research program of the National Institutes of Health. Such endowments may be expended for the compensation of individuals holding the positions, for staff, equipment, quarters, travel, and other expenditures that are appropriate in supporting the endowed positions.

(B) A program to provide and administer fellowships and grants to research personnel in order to work and study in association with the National Institutes of Health. Such fellowships and grants may include stipends, travel, health insurance benefits and other appropriate expenses. The recipients of fellowships shall be selected by the donors and the Foundation upon the recommendation of the National Institutes of Health employees in the laboratory where the fellow would serve, and shall be subject to the agreement of the Director of the National Institutes of Health and the Executive Director of the Foundation.

(C) A program to collect funds for pediatric pharmacologic research and studies listed by the Secretary pursuant to section 284m(a)(1)(A) of this title and referred under section 355a(d)(4)(C) of Title 21.

(D) Supplementary programs to provide for—

(i) scientists of other countries to serve in research capacities in the United States in association with the National Institutes of Health or elsewhere, or opportunities for employees of the National Institutes of Health or other public health officials in the United States to serve in such capacities in other countries, or both;

(ii) the conduct and support of studies, projects, and research, which may include stipends, travel and other support for personnel in collaboration with national and international non-profit and for-profit organizations;

(iii) the conduct and support of forums, meetings, conferences, courses, and training workshops that may include undergraduate, graduate, post-graduate, and post-doctoral accredited courses and the maintenance of accreditation of such courses by the Foundation at the State and national level for college or continuing education credits or for degrees;

(iv) programs to support and encourage teachers and students of science at all levels of education and programs for the general public which promote the understanding of science;

(v) programs for writing, editing, printing, publishing, and vending of books and other materials; and

(vi) the conduct of other activities to carry out and support the purpose described in subsection (b) of this section.

(2) Fees

The Foundation may assess fees for the provision of professional, administrative and management services by the Foundation in amounts determined reasonable and appropriate by the Executive Director.

(3) Authority of Foundation

The Foundation shall be the sole entity responsible for carrying out the activities described in this subsection.

(d) Board of Directors

(1) Composition

(A) The Foundation shall have a Board of Directors (hereafter referred to in this section as the "Board"), which shall be composed of ex officio and appointed members in accordance with this subsection. All appointed members of the Board shall be voting members.

(B) The ex officio members of the Board shall be—

(i) the Chairman and ranking minority member of the Subcommittee on Health and the Environment (Committee on Energy and Commerce) or their designees, in the case of the House of Representatives;

(ii) the Chairman and ranking minority member of the Committee on Labor and Human Resources or their designees, in the case of the Senate;

(iii) the Director of the National Institutes of Health; and

(iv) the Commissioner of Food and Drugs.

(C) The ex officio members of the Board under subparagraph (B) shall appoint to the Board individuals from among a list of candidates to be provided by the National Academy of Science. Such appointed members shall include—

(i) representatives of the general biomedical field;

(ii) representatives of experts in pediatric medicine and research;

(iii) representatives of the general biobehavioral field, which may include experts in biomedical ethics; and

(iv) representatives of the general public, which may include representatives of affected industries."

(D)(i) Not later than 30 days after June 10, 1993, the Director of the National Institutes of Health shall convene a meeting of the ex officio members of the Board to—

(I) incorporate the Foundation and establish the general policies of the Foundation for carrying out the purposes of subsection (b) of this section, including the establishment of the bylaws of the Foundation; and

(II) appoint the members of the Board in accordance with subparagraph (C).

(ii) Upon the appointment of the members of the Board under clause (i)(II), the terms of service of the ex officio members of the Board as members of the Board shall terminate.

(E) The agreement of not less than three-fifths of the members of the ex officio members of the Board shall be required for the appointment of each member to the initial Board.

(F) No employee of the National Institutes of Health shall be appointed as a member of the Board.

(G) The Board may, through amendments to the bylaws of the Foundation, provide that the number of members of the Board shall be greater than the number specified in subparagraph (C).

(2) Chair

(A) The ex officio members of the Board under paragraph (1)(B) shall designate an individual to serve as the initial Chair of the Board.

(B) Upon the termination of the term of service of the initial Chair of the Board, the appointed members of the Board shall elect a member of the Board to serve as the Chair of the Board.

(3) Terms and vacancies

(A) The term of office of each member of the Board appointed under paragraph (1)(C) shall be 5 years, except that the terms of offices for the initial appointed members of the Board shall expire as determined by the ex officio members and the Chair.

(B) Any vacancy in the membership of the Board shall be filled in the manner in which the original position was made and shall not affect the power of the remaining members to execute the duties of the Board.

(C) If a member of the Board does not serve the full term applicable under subparagraph (A), the individual appointed to fill the resulting vacancy shall be appointed for the remainder of the term of the predecessor of the individual.

(D) A member of the Board may continue to serve after the expiration of the term of the member until a successor is appointed.

(4) Compensation

Members of the Board may not receive compensation for service on the Board. Such members may be reimbursed for travel, subsistence, and other necessary expenses incurred in carrying out the duties of the Board, as set forth in the bylaws issued by the Board.

(5) Meetings and quorum

A majority of the members of the Board shall constitute a quorum for purposes of conducting the business of the Board.

(6) Certain bylaws

(A) In establishing bylaws under this subsection, the Board shall ensure that the following are provided for:

(i) Policies for the selection of the officers, employees, agents, and contractors of the Foundation.

(ii) Policies, including ethical standards, for the acceptance, solicitation, and disposition of donations and grants to the Foundation and for the disposition of the assets of the Foundation. Policies with respect to ethical standards shall ensure that officers, employees and agents of the Foundation (including members of the Board) avoid encumbrances that would result in a conflict of interest, including a financial conflict of interest or a divided allegiance. Such policies shall include requirements for the provision of information concerning any ownership or controlling interest in entities related to the activities of the Foundation by such officers, employees and agents and their spouses and relatives.

(iii) Policies for the conduct of the general operations of the Foundation.

(iv) Policies for writing, editing, printing, publishing, and vending of books and other materials.

(B) In establishing bylaws under this subsection, the Board shall ensure that such bylaws (and activities carried out under the bylaws) do not—

(i) reflect unfavorably upon the ability of the Foundation or the National Institutes of Health to carry out its responsibilities or official duties in a fair and objective manner; or

(ii) compromise, or appear to compromise, the integrity of any governmental agency or program, or any officer or employee involved in such program.

(e) Incorporation

The initial members of the Board shall serve as incorporators and shall take whatever actions necessary to incorporate the Foundation.

(f) Nonprofit status

The Foundation shall be considered to be a corporation under section 501(c) of Title 26, and shall be subject to the provisions of such section.

(g) Executive Director

(1) In general

The Foundation shall have an Executive Director who shall be appointed by the Board and shall serve at the pleasure of the Board. The Executive Director shall be responsible for the day-to-day operations of the Foundation and shall have such specific duties and responsibilities as the Board shall prescribe.

(2) Compensation

The rate of compensation of the Executive Director shall be fixed by the Board.

(h) Powers

In carrying out subsection (b) of this section, the Foundation may—

(1) operate under the direction of its Board;

(2) adopt, alter, and use a corporate seal, which shall be judicially noticed;

(3) provide for 1 or more officers, employees, and agents, as may be necessary, define their duties, and require surety bonds or make other provisions against losses occasioned by acts of such persons;

(4) hire, promote, compensate, and discharge officers and employees of the Foundation, and define the duties of the officers and employees;

(5) with the consent of any executive department or independent agency, use the information, services, staff, and facilities of such in carrying out this section;

(6) sue and be sued in its corporate name, and complain and defend in courts of competent jurisdiction;

(7) modify or consent to the modification of any contract or agreement to which it is a party or in which it has an interest under this part;

(8) establish a process for the selection of candidates for positions under subsection (c) of this section;

(9) enter into contracts with public and private organizations for the writing, editing, printing, and publishing of books and other material;

(10) take such action as may be necessary to obtain patents and licenses for devices and procedures developed by the Foundation and its employees;

(11) solicit, accept, hold, administer, invest, and spend any gift, devise, or bequest of real or personal property made to the Foundation;

(12) enter into such other contracts, leases, cooperative agreements, and other transactions as the Executive Director considers appropriate to conduct the activities of the Foundation;

(13) appoint other groups of advisors as may be determined necessary from time to time to carry out the functions of the Foundation;

(14) enter into such other contracts, leases, cooperative agreements, and other transactions as the Executive Director considers appropriate to conduct the activities of the Foundation; and

(15) exercise other powers as set forth in this section, and such other incidental powers as are necessary to carry out its powers, duties, and functions in accordance with this part.

(i) Administrative control

No participant in the program established under this part shall exercise any administrative control over any Federal employee.

(j) General provisions

(1) Foundation integrity

The members of the Board shall be accountable for the integrity of the operations of the Foundation and shall ensure such integrity through the development and enforcement of criteria and procedures relating to standards of conduct, financial disclosure statements, conflict of interest rules, recusal and waiver rules, audits and other matter determined appropriate by the Board.

(2) Financial conflicts of interest

Any individual who is an officer, employee, or member of the Board of the Foundation may not (in accordance with policies and requirements developed under subsection (d)(2)(B)(i)(II) of this section) personally or substantially participate in the consideration or determination by the Foundation of any matter that would directly or predictably affect any financial interest of the individual or a relative (as such term is defined in section 109(16) of the Ethics in Government Act of 1978) of the individual, of any business organization or other entity, or of which the individual is an officer or employee, or is negotiating for employment, or in which the individual has any other financial interest.

(3) Audits; availability of records

The Foundation shall—

(A) provide for annual audits of the financial condition of the Foundation; and

(B) make such audits, and all other records, documents, and other papers of the Foundation, available to the Secretary and the Comptroller General of the United States for examination or audit.

(4) Reports

(A) Not later than 5 months following the end of each fiscal year, the Foundation shall publish a report describing the activities of the Foundation during the preceding fiscal year. Each such report shall include for the fiscal year involved a comprehensive statement of the operations, activities, financial condition, and accomplishments of the Foundation.

(B) With respect to the financial condition of the Foundation, each report under subparagraph (A) shall include the source, and a description of, all gifts or grants to the Foundation of real or personal property, and the source and amount of all gifts

or grants to the Foundation of money. Each such report shall include a specification of any restrictions on the purposes for which gifts or grants to the Foundation may be used.

(C) The Foundation shall make copies of each report submitted under subparagraph (A) available for public inspection, and shall upon request provide a copy of the report to any individual for a charge not exceeding the cost of providing the copy.

(D) The Board shall annually hold a public meeting to summarize the activities of the Foundation and distribute written reports concerning such activities and the scientific results derived from such activities.

(5) Service of Federal employees

Federal employees may serve on committees advisory to the Foundation and otherwise cooperate with and assist the Foundation in carrying out its function, so long as the employees do not direct or control Foundation activities.

(6) Relationship with existing entities

The Foundation may, pursuant to appropriate agreements, merge with, acquire, or use the resources of existing nonprofit private corporations with missions similar to the purposes of the Foundation, such as the Foundation for Advanced Education in the Sciences.

(7) Intellectual property rights

The Board shall adopt written standards with respect to the ownership of any intellectual property rights derived from the collaborative efforts of the Foundation prior to the commencement of such efforts.

(8) National Institutes of Health Amendments of 1990

The activities conducted in support of the National Institutes of Health Amendments of 1990 (Public Law 101–613), and the amendments made by such Act, shall not be nullified by the enactment of this section.

(9) Limitation of activities

(A) In general

The Foundation shall exist solely as an entity to work in collaboration with the research programs of the National Institutes of Health. The Foundation may not undertake activities (such as the operation of independent laboratories or competing for Federal research funds) that are independent of those of the National Institutes of Health research programs.

(B) Gifts, grants, and other donations

(i) In general

Gifts, grants, and other donations to the Foundation may be designated for pediatric research and studies on drugs, and funds so designated shall be used solely for grants for research and studies under subsection (c)(1)(C).

(ii) Other gifts

Other gifts, grants, or donations received by the Foundation and not described in clause (i) may also be used to support such pediatric research and studies.

(iii) Report

The recipient of a grant for research and studies shall agree to provide the Director of the National Institutes of Health and the Commissioner of Food and Drugs, at the conclusion of the research and studies—

(I) a report describing the results of the research and studies; and

(II) all data generated in connection with the research and studies.

(iv) Action by the Commissioner of food and drugs

The Commissioner of Food and Drugs shall take appropriate action in response to a report received under clause (iii) in accordance with paragraphs (7) through (12) of section 284m(c) of this title, including negotiating with the holders of approved applications for the drugs studied for any labeling changes that the Commissioner determines to be appropriate and requests the holders to make.

(C) Applicability

Subparagraph (A) does not apply to the program described in subsection (c)(1)(C).

(10) Transfer of funds

The Foundation may transfer funds to the National Institutes of Health. Any funds transferred under this paragraph shall be subject to all Federal limitations relating to federally-funded research.

(k) Duties of Director

(1) Applicability of certain standards to non-Federal employees

In the case of any individual who is not an employee of the Federal Government and who serves in association with the National Institutes of Health, with respect to financial assistance received from the Foundation, the Foundation may not provide the assistance of, or otherwise permit the work at the National Institutes of Health to begin until a memorandum of understanding between the individual and the Director of the National Institutes of Health, or the designee of such Director, has been executed specifying that the individual shall be subject to such ethical and procedural standards of conduct relating to duties performed at the National Institutes of Health, as the Director of the National Institutes of Health determines is appropriate.

(2) Support services

The Director of the National Institutes of Health may provide facilities, utilities and support services to the Foundation if it is determined by the Director to be advantageous to the research programs of the National Institutes of Health.

(*l*) Funding

(1) Authorization of appropriations

For the purpose of carrying out this part, there is authorized to be appropriated an aggregate $500,000 for each fiscal year.

(2) Limitation regarding other funds

Amounts appropriated under any provision of law other than paragraph (1) may not be expended to establish or operate the Foundation.

(m) Redesignated (*l*).

(n) Repealed. Pub.L. 104–316, Title I, § 122(b), Oct. 19, 1996, 110 Stat. 3836

(July 1, 1944, c. 373, Title IV, § 499, formerly § 499A, as added Nov. 16, 1990, Pub.L. 101–613, § 2, 104 Stat. 3224, and amended Nov. 26, 1991, Pub.L. 102–170, Title II, § 216, 105 Stat. 1128; July 10, 1992, Pub.L. 102–321, Title I, § 163(b)(6), 106 Stat. 376; renumbered § 499 and amended June 10, 1993, Pub.L. 103–43, Title I, § 121(b)(3), Title XVII, § 1701, 107 Stat. 133, 186; Oct. 19, 1996, Pub.L. 104–316, Title I, § 122(b), 110 Stat. 3836; Nov. 13, 1998, Pub.L. 105–392, Title IV, § 418(2), 112 Stat. 3591; Jan. 4, 2002, Pub.L. 107–109, § 13, 115 Stat. 1417.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

References in Text

Section 109(16) of the Ethics in Government Act of 1978, referred to in subsec. (j)(2), is section 109(16) of Pub.L. 95–521, Title I, Oct. 26, 1978, 92 Stat. 1836, as amended, which is set out in Appendix 4 to Title 5, Government Organization and Employees.

The National Institutes of Health Amendments of 1990, referred to in subsec. (j)(5), is Pub.L. 101–613, Nov. 16, 1990, 104 Stat. 3224, which enacted this section and section 285g–4 of this title and enacting provisions set out as notes under section 201 and 285g–4 of this title. For complete classification of this Act to the Code, see Short Title of 1990 Amendments note set out under section 201 of this title and Tables.

Enactment of this section, referred to in subsec. (j)(8), probably means enactment of this subsection, meaning subsec. (j), formerly (k), of this section as enacted by section 1701(6) of Pub.L. 103–43, which was approved June 10, 1993.

Codifications

Amendment by section 216 of Pub.L. 102–170 was executed to this section, despite language directing that such amendment be made to "42 U.S.C. 289i(c)(1)(C)", which section does not exist, as the probable intent of Congress.

Amendment by section 13(7) of Pub.L. 107–109, § 13(7), which directed that the phrase "(including those developed under subsection (d)(2)(B)(i)(II))" be struck wherever appearing in pars. (j)(1) and (2) was incapable of execution in paragraph (2).

Amendments

2002 Amendments. Subsec. (b). Pub.L. 107–109, § 13(1), inserted "(including collection of funds for pediatric pharmacologic research)" after "mission".

Subsec. (c)(1)(C), (D). Pub.L. 107–109, § 13(2), redesignated subpar. (C) as subpar. (D), and inserted after subpar. (B) a new subpar. (C).

Subsec. (d)(1)(B)(ii) to (iv). Pub.L. 107–109, § 13(3)(a)(i), struck "and" at the end of clause (d)(1)(B)(ii), struck the period and inserted "; and" at the end of clause (iii), and added clause (iv).

Subsec. (d)(1)(C). Pub.L. 107–109, § 13(3)(A)(ii), replaced subsec. (d)(1)(C), which formerly read:

"(C) The ex officio members of the Board under subparagraph (B) shall appoint to the Board 11 individuals from among a list of candidates to be provided by the National Academy of Science. Of such appointed members—

"(i) 4 shall be representative of the general biomedical field;

"(ii) 2 shall be representatives of the general biobehavorial field; and

"(iii) 5 shall be representatives of the general public."

Subsec. (d)(2). Pub.L. 107–109, § 13(3)(B), realigned the margin of subpar. (B) to align with subpar. (A), requiring no change in text.

Subsec. (e). Pub.L. 107–109, § 13(5), redesignated former subsec. (f) as subsec. (e).

Subsec. (f). Pub.L. 107–109, § 13(5), redesignated former subsec. (g) as subsec. (f). Former subsec. (f) redesignated as subsec. (e).

Subsec. (g). Pub.L. 107–109, § 13(5), redesignated former subsec. (h) as subsec. (g). Former subsec. (g) redesignated as subsec. (f).

Subsec. (h). Pub.L. 107–109, § 13(5), (6), redesignated former subsec. (i) as subsec. (h), and in subsec. (h)(11) as so redesignated inserted a comma following "solicit". Former subsec. (h) redesignated as subsec. (g).

Subsec. (i). Pub.L. 107–109, § 13(5), redesignated former subsec. (j) as subsec. (i). Former subsec. (i) redesignated as subsec. (h).

Subsec. (j). Pub.L. 107–109, § 13(4), (5), (7), redesignated former subsec. (k) as subsec. (j), and therein, in par. (1), deleted "(including those developed under subsection (d)(2)(B)(i)(II) of this section)". See Codifications note under this section. Prior to redesignation as subsec. (j), former subsec. (k) was amended in par. (9) by designating existing text as subpar. (A) and adding subpar. (B). Former subsec. (j) redesignated as subsec. (i).

Subsec. (k). Pub.L. 107–109, § 13(4), (5), redesignated former subsec. (*l*) as subsec. (k). Former subsec. (k) redesignated as subsec. (j). Prior to redesignation as subsec. (j), former subsec. (k) was amended in par. (9) by designating existing text as subpar. (A) and adding subpar. (B).

Subsec. (*l*). Pub.L. 107–109, § 13(5), redesignated former subsec. (m) as subsec. (*l*). Former subsec. (*l*) redesignated as subsec. (k).

Subsec. (m). Pub.L. 107–109, § 13(5), redesignated former subsec. (m) as subsec. (*l*).

1998 Amendments. Subsec. (a). Pub.L. 105–392, § 418(2)(A), substituted "Foundation for the National Institutes of Health" for "National Foundation for Biomedical Research".

Subsec. (k)(10). Pub.L. 105–392, § 418(2)(B), struck "not" following "The Foundation may", and added "Any funds transferred under this paragraph shall be subject to all Federal limitations relating to federally-funded research."

Subsec. (m)(1). Pub.L. 105–392, § 418(2)(A), substituted "$500,000 for each fiscal year" for "$200,000 for the fiscal years 1994 and 1995".

1996 Amendments. Subsec. (n). Pub.L. 104–316, § 122(b), struck out this subsection which related to the preparation by the Comptroller General of a report on the adequacy of compliance of the Foundation.

1993 Amendments. Subsec. (a). Pub.L. 103–43, § 1701(1), inserted ", acting through the Director of NIH," after "Secretary shall" and struck out ", except for the purposes of the Ethics in Government Act and the Technology Transfer Act," after "shall not".

Subsec. (b). Pub.L. 103–43, § 1701(3), added subsec. (b) and struck out former subsec. (b), which related to the duties of the Foundation.

Subsec. (c). Pub.L. 103–43, § 1701(2), (3), added subsec. (c) and redesignated former subsec. (c) as (d).

Subsec. (d). Pub.L. 103–43, § 1701(2), redesignated former subsec. (c) as (d). Former subsec. (d) redesignated (f).

Subsec. (d)(1). Pub.L. 103–43, § 1701(4)(A), in subpar. (A) substituted "appointed members of the Board" for "members of the Foundation", in subpars. (B) and (C) substituted "Board" for "Council", and added subpars. (D) to (G).

Subsec. (d)(2). Pub.L. 103–43, § 1701(4)(B), designated existing provision as subpar. (A), substituted in subpar. (A) as so designated "an individual to serve as the initial Chair" for "an appointed member of the Board to serve as the Chair", and added subpar. (B).

Subsec. (d)(3)(A). Pub.L. 103–43, § 1701(4)(C), substituted "(1)(C)" for "(2)(C)".

Subsec. (d)(5), (6). Pub.L. 103–43, § 1701(4)(D), added pars. (5) and (6).

Subsec. (e). Pub.L. 103–43, § 1701(2), redesignated former subsec. (e) as (g).

Subsec. (f). Pub.L. 103–43, § 1701(2), redesignated former subsec. (d) as (f). Former subsec. (f) redesignated (h).

Subsec. (g). Pub.L. 103–43, § 1701(2), redesignated former subsec. (e) as (g). Former subsec. (g) redesignated (i).

Subsec. (h). Pub.L. 103–43, § 1701(2), redesignated former subsec. (f) as (h). Former subsec. (h) redesignated (j).

Subsec. (i). Pub.L. 103–43, § 1701(2), redesignated former subsec. (g) as (i). Former subsec. (i) redesignated (m).

Subsec. (i)(4). Pub.L. 103–43, § 1701(5)(A), inserted ", and define the duties of the officers and employees" after "Foundation".

Subsec. (i)(5). Pub.L. 103–43, § 1701(5)(B), (C), redesignated former par. (6) as (5) and struck out former par. (5), which authorized the Foundation to prescribe by its Board its bylaws to provided for the manner in which its officers, employees, and agents are selected, its property is acquired, held, and transferred, its general operations are conducted, and the privileges granted by law are exercised.

Subsec. (i)(6). Pub.L. 103–43, § 1701(5)(C), redesignated former par. (7) as (6). Former par. (6) redesignated (5).

Subsec. (i)(7). § Pub.L. 103–43, § 1701(5)(C), (D), redesignated former par. (8) as (7) and, in par. (7) as so redesignated, substituted "part" for "subtitle". Former par. (7) redesignated (6).

Subsec. (i)(8). Pub.L. 103–43, § 1701(5)(C), (E), redesignated former par. (9) as (8) and, in par. (8) as so redesignated, substituted provision authorizing establishment of a process for selection of candidates for positions under subsec. (c) of this section for provision authorizing establishment of a mechanism for the selection of candidates, subject to the approval of the Director of the National Institutes of Health, for the endowed scientific positions with the organizational structure of the intramural research programs and candidates for positions in the National Institutes of Health Scholars program.

Subsec. (i)(9), (10). Pub.L. 103–43, § 1701(5)(C), redesignated former pars. (10) and (11) as (9) and (10), respectively. Former pars. (9) and (10) redesignated (8) and (9).

Subsec. (i)(11). Pub.L. 103–43, § 1701(5)(C), (F), redesignated former par. (12) as (11) and, in par. (11) as so redesignated, inserted "solicit" before "accept". Former par. (11) redesignated (10).

Subsec. (i)(12). Pub.L. 103–43, § 1701(5)(C), redesignated former par. (13) as (12). Former par. (12) redesignated (11).

Subsec. (i)(13). Pub.L. 103–43, § 1701(5)(C), (G), redesignated former par. (14) as (13) and, in par. (13) as so redesignated, struck out "and" at the end. Former par. (13) redesignated (12).

Subsec. (i)(14). Pub.L. 103–43, § 1701(5)(C), (H), added par. (14) and redesignated former par. (14) as (13).

Subsec. (i)(15). Pub.L. 103–43, § 1701(5)(I), substituted "part" for "subtitle".

Subsec. (j). Pub.L. 103–43, § 1701(2), redesignated former subsec. (h) as (j).

Subsecs. (k), (*l*). Pub.L. 103–43, § 1701(6) added subsecs. (k) and (*l*).

Subsec. (m). Pub.L. 103–43, § 1701(2), (7), redesignated former subsec. (i) as (m) and, in subsec. (m) as so redesignated, substituted provision authorizing that there be appropriated an aggregate $200,000 for fiscal years 1994 and 1995 and that amounts appropriated under any other provision of law not be expended to establish or operate the Foundation for provision authorizing that there be appropriated sums as may be necessary for fiscal years 1991 through 1995, that amounts appropriated not be provided to the fund established under subsec. (b)(1)(A) of this section, that for the first fiscal year amount are appropriated $200,000 is authorized to be appropriated, and that, with respect to the first fiscal year for which amounts are appropriated, the Secretary from amounts appropriated for such fiscal year for the programs of the Department of Health and Human Services make available not more that $200,000 for carrying this part.

Subsec. (n). Pub.L. 103–43, § 1701(8), added subsec. (n).

1992 Amendments. Subsec. (g)(9). Pub.L. 102–321, § 163(b)(6), struck out provisions relating to Administrator of Alcohol, Drug Abuse, and Mental Health Administration and provisions relating to Alcohol, Drug Abuse, and Mental Health Administration.

1991 Amendments. Subsec. (c)(1)(C). Pub.L. 102–170, § 216(1), substituted "11" for "9".

Subsec. (c)(1)(C)(iii). Pub.L. 102–170, § 216(2), substituted "5" for "3".

Effective and Applicability Provisions

1996 Acts. Amendment by Pub.L. 104–316 effective Oct. 19, 1996, see section 101(e) of Pub.L. 104–316, set out as a note under section 130c of Title 2, The Congress.

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

1992 Acts. Amendments by Pub.L. 102–321 effective Oct. 1, 1992, see section 801(c) of Pub.L. 102–321, set out as a note under section 236 of this title.

Change of Name

Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the

Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.

SUBCHAPTER III–A—SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

HISTORICAL AND STATUTORY NOTES

Amendments

1992 Amendments. Heading. Pub.L. 102–321, Title I, § 120(b)(1), July 10, 1992, 106 Stat. 358, substituted "SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION" for "ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH PROGRAMS".

CROSS REFERENCES

Tuberculosis preventive health service regarding cooperation with providers of primary health services, see 42 USCA § 247b–6.

PART A—ORGANIZATION AND GENERAL AUTHORITIES

HISTORICAL AND STATUTORY NOTES

Amendments

1992 Amendments. Heading. Pub.L. 102–321, Title I, § 120(b)(2), July 10, 1992, 106 Stat. 358, substituted "Organization and General Authorities" for "Administration and Institutes".

§ 290aa. Substance Abuse and Mental Health Services Administration

(a) Establishment

The Substance Abuse and Mental Health Services Administration (hereafter referred to in this subchapter as the "Administration") is an agency of the Service.

(b) Agencies

The following entities are agencies of the Administration:

(1) The Center for Substance Abuse Treatment.

(2) The Center for Substance Abuse Prevention.

(3) The Center for Mental Health Services.

(c) Administrator and Deputy Administrator

(1) Administrator

The Administration shall be headed by an Administrator (hereinafter in this subchapter referred to as the "Administrator") who shall be appointed by the President, by and with the advice and consent of the Senate.

(2) Deputy Administrator

The Administrator, with the approval of the Secretary, may appoint a Deputy Administrator and may employ and prescribe the functions of such officers and employees, including attorneys, as are necessary to administer the activities to be carried out through the Administration.

(d) Authorities

The Secretary, acting through the Administrator, shall—

(1) supervise the functions of the agencies of the Administration in order to assure that the programs carried out through each such agency receive appropriate and equitable support and that there is cooperation among the agencies in the implementation of such programs;

(2) establish and implement, through the respective agencies, a comprehensive program to improve the provision of treatment and related services to individuals

with respect to substance abuse and mental illness and to improve prevention services, promote mental health and protect the legal rights of individuals with mental illnesses and individuals who are substance abusers;

(3) carry out the administrative and financial management, policy development and planning, evaluation, knowledge dissemination, and public information functions that are required for the implementation of this subchapter;

(4) assure that the Administration conduct and coordinate demonstration projects, evaluations, and service system assessments and other activities necessary to improve the availability and quality of treatment, prevention and related services;

(5) support activities that will improve the provision of treatment, prevention and related services, including the development of national mental health and substance abuse goals and model programs;

(6) in cooperation with the National Institutes of Health, the Centers for Disease Control and the Health Resources and Services Administration develop educational materials and intervention strategies to reduce the risks of HIV or tuberculosis among substance abusers and individuals with mental illness and to develop appropriate mental health services for individuals with such illnesses;

(7) coordinate Federal policy with respect to the provision of treatment services for substance abuse utilizing anti-addiction medications, including methadone;

(8) conduct programs, and assure the coordination of such programs with activities of the National Institutes of Health and the Agency for Healthcare Research and Quality, as appropriate, to evaluate the process, outcomes and community impact of treatment and prevention services and systems of care in order to identify the manner in which such services can most effectively be provided;

(9) collaborate with the Director of the National Institutes of Health in the development of a system by which the relevant research findings of the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, the National Institute of Mental Health, and, as appropriate, the Agency for Healthcare Research and Quality are disseminated to service providers in a manner designed to improve the delivery and effectiveness of treatment and prevention services;

(10) encourage public and private entities that provide health insurance to provide benefits for substance abuse and mental health services;

(11) promote the integration of substance abuse and mental health services into the mainstream of the health care delivery system of the United States;

(12) monitor compliance by hospitals and other facilities with the requirements of sections 290dd–1 and 290dd–2 of this title;

(13) with respect to grant programs authorized under this subchapter, assure that—

(A) all grants that are awarded for the provision of services are subject to performance and outcome evaluations; and

(B) all grants that are awarded to entities other than States are awarded only after the State in which the entity intends to provide services—

(i) is notified of the pendency of the grant application; and

(ii) is afforded an opportunity to comment on the merits of the application;

(14) assure that services provided with amounts appropriated under this subchapter are provided bilingually, if appropriate;

(15) improve coordination among prevention programs, treatment facilities and nonhealth care systems such as employers, labor unions, and schools, and encourage the adoption of employee assistance programs and student assistance programs;

(16) maintain a clearinghouse for substance abuse and mental health information to assure the widespread dissemination of such information to States, political subdivisions, educational agencies and institutions, treatment providers, and the general public;

(17) in collaboration with the National Institute on Aging, and in consultation with the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism and the National Institute of Mental Health, as appropriate, promote and evaluate substance abuse services for older Americans in need of such

services, and mental health services for older Americans who are seriously mentally ill; and

(18) promote the coordination of service programs conducted by other departments, agencies, organizations and individuals that are or may be related to the problems of individuals suffering from mental illness or substance abuse, including liaisons with the Social Security Administration, Health Care Financing Administration, and other programs of the Department, as well as liaisons with the Department of Education, Department of Justice, and other Federal Departments and offices, as appropriate.

(e) Associate Administrator for Alcohol Prevention and Treatment Policy

(1) In general

There may be in the Administration an Associate Administrator for Alcohol Prevention and Treatment Policy to whom the Administrator may delegate the functions of promoting, monitoring, and evaluating service programs for the prevention and treatment of alcoholism and alcohol abuse within the Center for Substance Abuse Prevention, the Center for Substance Abuse Treatment and the Center for Mental Health Services, and coordinating such programs among the Centers, and among the Centers and other public and private entities. The Associate Administrator also may ensure that alcohol prevention, education, and policy strategies are integrated into all programs of the Centers that address substance abuse prevention, education, and policy, and that the Center for Substance Abuse Prevention addresses the Healthy People 2010 goals and the National Dietary Guidelines of the Department of Health and Human Services and the Department of Agriculture related to alcohol consumption.

(2) Plan

(A) The Administrator, acting through the Associate Administrator for Alcohol Prevention and Treatment Policy, shall develop, and periodically review and as appropriate revise, a plan for programs and policies to treat and prevent alcoholism and alcohol abuse. The plan shall be developed (and reviewed and revised) in collaboration with the Directors of the Centers of the Administration and in consultation with members of other Federal agencies and public and private entities.

(B) Not later than 1 year after July 10, 1992, the Administrator shall submit to the Congress the first plan developed under subparagraph (A).

(3) Report

(A) Not less than once during each 2 years, the Administrator, acting through the Associate Administrator for Alcohol Prevention and Treatment Policy, shall prepare a report describing the alcoholism and alcohol abuse prevention and treatment programs undertaken by the Administration and its agencies, and the report shall include a detailed statement of the expenditures made for the activities reported on and the personnel used in connection with such activities.

(B) Each report under subparagraph (A) shall include a description of any revisions in the plan under paragraph (2) made during the preceding 2 years.

(C) Each report under subparagraph (A) shall be submitted to the Administrator for inclusion in the biennial report under subsection (k) of this section.

(f) Associate Administrator for Women's Services

(1) Appointment

The Administrator, with the approval of the Secretary, shall appoint an Associate Administrator for Women's Services.

(2) Duties

The Associate Administrator appointed under paragraph (1) shall—

(A) establish a committee to be known as the Coordinating Committee for Women's Services (hereafter in this subparagraph referred to as the "Coordinating Committee"), which shall be composed of the Directors of the agencies of the Administration (or the designees of the Directors);

(B) acting through the Coordinating Committee, with respect to women's substance abuse and mental health services—

(i) identify the need for such services, and make an estimate each fiscal year of the funds needed to adequately support the services;

(ii) identify needs regarding the coordination of services;

(iii) encourage the agencies of the Administration to support such services; and

(iv) assure that the unique needs of minority women, including Native American, Hispanic, African-American and Asian women, are recognized and addressed within the activities of the Administration; and

(C) establish an advisory committee to be known as the Advisory Committee for Women's Services, which shall be composed of not more than 10 individuals, a majority of whom shall be women, who are not officers or employees of the Federal Government, to be appointed by the Administrator from among physicians, practitioners, treatment providers, and other health professionals, whose clinical practice, specialization, or professional expertise includes a significant focus on women's substance abuse and mental health conditions, that shall—

(i) advise the Associate Administrator on appropriate activities to be undertaken by the agencies of the Administration with respect to women's substance abuse and mental health services, including services which require a multidisciplinary approach;

(ii) collect and review data, including information provided by the Secretary (including the material referred to in paragraph (3)), and report biannually to the Administrator regarding the extent to which women are represented among senior personnel, and make recommendations regarding improvement in the participation of women in the workforce of the Administration; and

(iii) prepare, for inclusion in the biennial report required pursuant to subsection (k) of this section, a description of activities of the Committee, including findings made by the Committee regarding—

(I) the extent of expenditures made for women's substance abuse and mental health services by the agencies of the Administration; and

(II) the estimated level of funding needed for substance abuse and mental health services to meet the needs of women;

(D) improve the collection of data on women's health by—

(i) reviewing the current data at the Administration to determine its uniformity and applicability;

(ii) developing standards for all programs funded by the Administration so that data are, to the extent practicable, collected and reported using common reporting formats, linkages and definitions; and

(iii) reporting to the Administrator a plan for incorporating the standards developed under clause (ii) in all Administration programs and a plan to assure that the data so collected are accessible to health professionals, providers, researchers, and members of the public; and

(E) shall establish, maintain, and operate a program to provide information on women's substance abuse and mental health services.

(3) Study

(A) The Secretary, acting through the Assistant Secretary for Personnel, shall conduct a study to evaluate the extent to which women are represented among senior personnel at the Administration.

(B) Not later than 90 days after July 10, 1992, the Assistant Secretary for Personnel shall provide the Advisory Committee for Women's Services with a study plan, including the methodology of the study and any sampling frames. Not later than 180 days after July 10, 1992, the Assistant Secretary shall prepare and submit directly to the Advisory Committee a report concerning the results of the study conducted under subparagraph (A).

(C) The Secretary shall prepare and provide to the Advisory Committee for Women's Services any additional data as requested.

(4) Definition

For purposes of this subsection, the term "women's substance abuse and mental health conditions", with respect to women of all age, ethnic, and racial groups, means all aspects of substance abuse and mental illness—

(A) unique to or more prevalent among women; or

(B) with respect to which there have been insufficient services involving women or insufficient data.

(g) Services of experts

(1) In general

The Administrator may obtain (in accordance with section 3109 of Title 5, but without regard to the limitation in such section on the number of days or the period of service) the services of not more than 20 experts or consultants who have professional qualifications. Such experts and consultants shall be obtained for the Administration and for each of its agencies.

(2) Compensation and expenses

(A) Experts and consultants whose services are obtained under paragraph (1) shall be paid or reimbursed for their expenses associated with traveling to and from their assignment location in accordance with sections 5724, 5724a(a), 5724a(c), and 5726(c) of Title 5.

(B) Expenses specified in subparagraph (A) may not be allowed in connection with the assignment of an expert or consultant whose services are obtained under paragraph (1), unless and until the expert or consultant agrees in writing to complete the entire period of assignment or one year, whichever is shorter, unless separated or reassigned for reasons beyond the control of the expert or consultant that are acceptable to the Secretary. If the expert or consultant violates the agreement, the money spent by the United States for the expenses specified in subparagraph (A) is recoverable from the expert or consultant as a debt of the United States. The Secretary may waive in whole or in part a right of recovery under this subparagraph.

(h) Peer review groups

The Administrator shall, without regard to the provisions of Title 5, governing appointments in the competitive service, and without regard to the provisions of chapter 51 and subchapter III of chapter 53 of such title, relating to classification and General Schedule pay rates, establish such peer review groups and program advisory committees as are needed to carry out the requirements of this subchapter and appoint and pay members of such groups, except that officers and employees of the United States shall not receive additional compensation for services as members of such groups. The Federal Advisory Committee Act shall not apply to the duration of a peer review group appointed under this subsection.

(i) Voluntary services

The Administrator may accept voluntary and uncompensated services.

(j) Administration

The Administrator shall ensure that programs and activities assigned under this subchapter to the Administration are fully administered by the respective Centers to which such programs and activities are assigned.

(k) Report concerning activities and progress

Not later than February 10, 1994, and once every 2 years thereafter, the Administrator shall prepare and submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, the report containing—

(1) a description of the activities carried out by the Administration;

(2) a description of any measurable progress made in improving the availability and quality of substance abuse and mental health services;

(3) a description of the mechanisms by which relevant research findings of the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute of Mental Health have been disseminated to service providers or otherwise utilized by the Administration to further the purposes of this subchapter; and

(4) any report required in this subchapter to be submitted to the Administrator for inclusion in the report under this subsection.

(*l*) Applications for grants and contracts

With respect to awards of grants, cooperative agreements, and contracts under this subchapter, the Administrator, or the Director of the Center involved, as the case may be, may not make such an award unless—

(1) an application for the award is submitted to the official involved;

(2) with respect to carrying out the purpose for which the award is to be provided, the application provides assurances of compliance satisfactory to such official; and

(3) the application is otherwise in such form, is made in such manner, and contains such agreements, assurances, and information as the official determines to be necessary to carry out the purpose for which the award is to be provided.

(m) Emergency response

(1) In general

Notwithstanding section 290aa–3 of this title and except as provided in paragraph (2), the Secretary may use not to exceed 2.5 percent of all amounts appropriated under this title for a fiscal year to make noncompetitive grants, contracts or cooperative agreements to public entities to enable such entities to address emergency substance abuse or mental health needs in local communities.

(2) Exceptions

Amounts appropriated under part C shall not be subject to paragraph (1).

(3) Emergencies

The Secretary shall establish criteria for determining that a substance abuse or mental health emergency exists and publish such criteria in the Federal Register prior to providing funds under this subsection.

(n) Limitation on the use of certain information

No information, if an establishment or person supplying the information or described in it is identifiable, obtained in the course of activities undertaken or supported under section 290aa–4 of this title may be used for any purpose other than the purpose for which it was supplied unless such establishment or person has consented (as determined under regulations of the Secretary) to its use for such other purpose. Such information may not be published or released in other form if the person who supplied the information or who is described in it is identifiable unless such person has consented (as determined under regulations of the Secretary) to its publication or release in other form.

(*o*) Authorization of appropriations

For the purpose of providing grants, cooperative agreements, and contracts under this section, there are authorized to be appropriated $25,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003.

(July 1, 1944, c. 373, Title V, § 501, formerly Pub.L. 93–282, Title II, § 201, May 14, 1974, 88 Stat. 134, as amended Pub.L. 94–371, § 8, July 26, 1976, 90 Stat. 1040; renumbered § 501 and amended Apr. 26, 1983, Pub.L. 98–24, § 2(b)(2), 97 Stat. 176; Oct. 19, 1984, Pub.L. 98–509, Title II, § 201, Title III, § 301(c)(1), 98 Stat. 2359, 2364; Oct. 27, 1986, Pub.L. 99–570, Title IV, § 4003, 100 Stat. 3207–106; Nov. 18, 1988, Pub.L. 100–690, Title II, § 2058(a)(2), 102 Stat. 4213; Aug. 16, 1989, Pub.L. 101–93, § 3(f), 103 Stat. 611; July 10, 1992, Pub.L. 102–321, Title I, § 101(a), 106 Stat. 324; Sept. 23, 1996, Pub.L. 104–201, Div. A, Title XVII, § 1723(a)(3)(A), 110 Stat. 2759; Dec. 6, 1999, Pub.L. 106–129, § 2(b)(2), 113 Stat. 1670; Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXI, § 3102, Title XXXIV, § 3401(a), 114 Stat. 1170, 1218.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

1996 Acts. House Report No. 104–563 and House Conference Report No. 104–724, see 1996 U.S. Code Cong. and Adm. News, p. 2948.

1999 Acts. Statement by President, see 1999 U.S. Code Cong. and Adm. News, p. 322.

References in Text

The General Schedule, referred to in subsec. (h), is set out under section 5332 of Title 5, Government Organization and Employees.

The Federal Advisory Committee Act, referred to in subsec. (h), is Pub.L. 92–463, Oct. 6, 1972, 86 Stat. 770, as amended, which is classified to Appendix 2 of Title 5, Government Organization and Employees.

Amendments

2000 Amendments. Subsec. (e)(1). Pub.L. 106–310, § 3401(a), rewrote par. (1), which formerly read:

"(1) In general

"There shall be in the Administration an Associate Administrator for Alcohol Prevention and Treatment Policy to whom the Administrator shall delegate the functions of promoting, monitoring, and evaluating service programs for the prevention and treatment of alcoholism and alcohol abuse within the Center for Substance Abuse Prevention, the Center for Substance Abuse Treatment, and the Center for Mental Health Services, and coordinating such programs among the Centers, and among the Centers and other public and private entities. The Associate Administrator also shall ensure that alcohol prevention, education, and policy strategies are integrated into all programs of the Centers that address substance abuse prevention, education, and policy, and that the Center for Substance Abuse Prevention addresses the Healthy People 2000 goals and the National Dietary Guidelines of the Department of Health and Human Services and the Department of Agriculture related to alcohol consumption."

Subsec. (m). Pub.L. 106–310, § 3102(1), (2), added subsec. (m) and redesignated former subsec. (m) as subsec. (*o*).

Subsec. (n). Pub.L. 106–310, § 3102(2), added subsec. (n).

Subsec. (*o*). Pub.L. 106–310, § 3102(1), (3), redesignated former subsec. (m) as (*o*) and, as so redesignated, substituted "fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003." for "fiscal year 1993, and such sums as may be necessary for fiscal year 1994.".

1999 Amendments. Pub.L. 106–129, § 2(b)(2), which directed that "Agency for Healthcare Research and Quality" be substituted for "Agency for Health Care Policy and Research", throughout the section, was executed by substituting "Agency for Healthcare Research and Quality" for "Agency for Health Care Policy Research", throughout the section as the probable intent of Congress.

1996 Amendments. Subsec. (g)(2)(A). Pub.L. 104–201, § 1723(a)(3)(A), substituted "5724a(a), 5724a(c)" for "5724a(a)(1), 5724a(a)(3)".

1992 Amendments. Pub.L. 102–321, § 101(a), amended section generally, substituting provisions relating to Substance Abuse and Mental Health Services Administration for provisions relating to Alcohol, Drug Abuse, and Mental Health Administration.

Effective and Applicability Provisions

1996 Acts. Amendment by Pub.L. 104–201 effective 180 days after Sept. 23, 1996, see section 1725(a) of Pub.L. 104–201, set out as a note under section 5722 of Title 5, Government Organization and Employees.

1992 Acts. Amendment by Pub.L. 102–321 effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal year 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of this title.

Change of Name

Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.

The name of the Centers for Disease Control was changed to the Centers for Disease Control and Prevention without a conforming amendment to this section. See Pub.L. 102–531, Title III, § 312, Oct. 27, 1992, 106 Stat. 3504, enacting extensive conforming amendments and House Conference Report No. 102–1019, page 47 (1992 U.S.C.C. & A.N. page 3038) indicating the intent of Congress.

Section 161 of Pub.L. 102–321 provided that: "Reference in any other Federal law, Executive order, rule, regulation, or delegation of authority, or any document of or pertaining to the Alcohol, Drug Abuse and Mental Health Administration or to the Administrator of the Alcohol, Drug Abuse and Mental Health Administration shall be deemed to refer to the Substance Abuse

and Mental Health Services Administration or to the Administrator of the Substance Abuse and Mental Health Services Administration."

Substance Abuse and Mental Health Services Administration Reports

Section 708 of Pub.L. 102–321 provided that:

"(a) **Interim Report.**—Not later than 6 months after the date of the enactment of this Act [July 10, 1992], the Administrator of the Substance Abuse and Mental Health Services Administration shall compile and directly transmit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate an interim report that includes the following information:

"(1) A compilation and summary of the scientific literature and research concerning the provision of health insurance, by both public and private entities, for substance abuse (including alcohol abuse) and mental health services.

"(2) A review of the scientific literature evaluating the medical effectiveness of substance abuse (including alcohol abuse) and mental health services.

"(3) An examination of past practices and emerging trends of health insurance coverage for substance abuse (including alcohol abuse) and mental health services, including an examination of trends in copayments, lifetime coverage maximums, number of visits, and inclusion or exclusion of such services.

"(4) An identification of issues attendant to and analysis of barriers to health insurance coverage for substance abuse (including alcohol abuse) and mental illness services. Such analysis shall include a discussion of how substance abuse (including alcohol abuse) and mental health services would be affected by the various health care reform under consideration in Congress.

"(5) An examination of the issues attendant to limitations placed on the use of Medicaid program funds for adults receiving substance abuse (including alcoholism services) and mental health services in intermediate care residential settings.

"(b) **Final report.**—Not later than October 1, 1993, such Administrator shall compile and transmit directly to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate a report that identifies the relevant policy issues and research questions that need to be answered to address current barriers to the provision of substance abuse and mental health services. The Administrator shall design a research and demonstration strategy that examines such barriers and tests alternative solutions to the problems of providing health insurance and treatment services for substance abuse and mental health services. As soon as practicable but not later than January 1, 1994, the Secretary shall initiate research and demonstration projects that, consistent with the information contained in the reports required under this section, will study the issues identified with, and possible alternative mechanisms of, providing health insurance and treatment services for substance abuse (including alcohol abuse) and mental illness."

[Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.]

Transfer Provisions

Subtitle D of Title I, sections 141 to 151, of Pub.L. 102–321, as amended Pub.L. 102–352, § 2(b)(1), Aug. 26, 1992, 106 Stat. 939, provided that:

"**Sec. 141. Transfers.**

"(a) **Substance abuse and mental health services administration.**—Except as specifically provided otherwise in this Act or an amendment made by this Act [Pub.L. 102–321, July 10, 1992, 106 Stat. 323, the ADAMHA Reorganization Act, for distribution of this Act to the Code, see Short Title note set out under section 201 of this title and Tables], there are transferred to the Administrator of the Substance Abuse and Mental Health Services Administration all service related functions which the Administrator of the Alcohol, Drug Abuse and Mental Health Administration, or the Director of any entity within the Alcohol, Drug Abuse and Mental Health Administration, exercised before the date of the enactment of this Act [July 10, 1992] and all related functions of any officer or employee of the Alcohol, Drug Abuse and Mental Health Administration.

"(b) **National Institutes.**—Except as specifically provided otherwise in this Act or an amendment made by this Act [Pub.L. 102–321, July 10, 1992, 106 Stat. 323, the ADAMHA Reorganization Act, for distribution of this Act to the Code, see Short Title note set out under section 201 of this title and Tables], there are transferred to the appropriate Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health, through the Director of the National Institutes of Health, all research related functions which the Administrator of the Alcohol, Drug Abuse and Mental Health Administration exercised before the date of the enactment of this Act [July 10, 1992] and all related functions of any officer

or employee of the Alcohol, Drug Abuse, and Mental Health Administration.

"(c) **Adequate personnel and resources.**—The transfers required under this subtitle [this note] shall be effectuated in a manner that ensures that the Substance Abuse and Mental Health Services Administration has adequate personnel and resources to carry out its statutory responsibilities and that the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health have adequate personnel and resources to enable such institutes to carry out their respective statutory responsibilities.

"**Sec. 142. Transfer and allocations of appropriations and personnel.**

"(a) **Substance Abuse and Mental Health Services Administration.**—Except as otherwise provided in the Public Health Service Act [this chapter], all personnel employed in connection with, and all assets, liabilities, contracts, property, records, and unexpended balances of appropriations, authorizations, allocations, and other funds employed, used, held, arising from, available to, or to be made available in connection with the functions transferred to the Administrator of the Substance Abuse and Mental Health Services Administration by this subtitle [this note], subject to section 1531 of title 31, United States Code [section 1531 of Title 31, Money and Finance], shall be transferred to the Substance Abuse and Mental Health Services Administration. Unexpended funds transferred pursuant to this subsection shall be used only for the purposes for which the funds were originally authorized and appropriated.

"(b) **National Institutes.**—Except as otherwise provided in the Public Health Service Act [this chapter], all personnel employed in connection with, and all assets, liabilities, contracts, property, records, and unexpended balances of appropriations, authorizations, allocations, and other funds employed, used, held, arising from, available to, or to be made available in connection with the functions transferred to the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health by this subtitle [this note], subject to section 1531 of title 31, United States Code [section 1531 of Title 31], shall be transferred to the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health. Unexpended funds transferred pursuant to this subsection shall be used only for the purposes for which the funds were originally authorized and appropriated.

"(c) **Custody of balances.**—The actual transfer of custody of obligation balances is not required in order to implement this section.

"**Sec. 143. Incidental transfers.**

"Prior to October 1, 1992, the Secretary of Health and Human Services is authorized to make such determinations as may be necessary with regard to the functions transferred by this subtitle [this note], and to make such additional incidental dispositions of personnel, assets, liabilities, grants, contracts, property, records, and unexpended balances of appropriations, authorizations, allocations, and other funds held, used, arising from, available to, or to be made available in connection with such functions, as may be necessary to carry out the provisions of this subtitle [this note] and the Public Health Service Act [this chapter]. Such Secretary shall provide for the termination of the affairs of all entities terminated by this subtitle [this note] and for such further measures and dispositions as may be necessary to effectuate the purposes of this subtitle [this note].

"**Sec. 144. Effect on personnel.**

"(a) **In general.**—Except as otherwise provided by this subtitle [this note] and the Public Health Service Act [this chapter], the transfer pursuant to this subtitle [this note] of full-time personnel (except special Government employees) and part-time personnel holding permanent positions shall not cause any such employee to be separated or reduced in grade or compensation for one year after the date of transfer of such employee under this subtitle [this note].

"(b) **Executive Schedule positions.**—Any person who, on the day preceding the effective date of this Act [see section 801 of Pub.L. 102–321, set out as a note under section 236 of this title], held a position compensated in accordance with the Executive Schedule prescribed in chapter 53 of title 5, United States Code [section 5301 et seq. of Title 5, Government Organization and Employees], and who, without a break in service, is appointed in the Substance Abuse and Mental Health Services Administration to a position having duties comparable to the duties performed immediately preceding such appointment shall continue to be compensated in such new position at not less than the rate provided for such previous position, for the duration of the service of such person in such new position.

"**Sec. 145. Savings provisions.**

"(a) **Effect on previous determinations.**—All orders, determinations, rules, regulations, permits, contracts, certificates, licenses, and privileges that—

"(1) have been issued, made, granted, or allowed to become effective by the President, any Federal agency or official thereof, or by a court of competent jurisdiction, in the performance of functions which are transferred by this subtitle [this note]; and

"(2) are in effect on the date of enactment of this Act [July 10, 1992];

shall continue in effect according to their terms until modified, terminated, superseded, set aside, or revoked in accordance with law by the President, the Director of the National Institutes of Health, or the Administrator of the Substance Abuse and Mental Health Services Administration, as appropriate, a court of competent jurisdiction, or by operation of law.

"(b) **Continuation of proceedings.**—

"(1) **In general.**—The provisions of this subtitle [this note] shall not affect any proceedings, including notices of proposed rule making, or any application for any license, permit, certificate, or financial assistance pending on the date of enactment of this Act [July 10, 1992] before the Department of Health and Human Services, which relates to

the Alcohol, Drug Abuse and Mental Health Administration or the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, or the National Institute of Mental Health, or any office thereof with respect to functions transferred by this subtitle [this note]. Such proceedings or applications, to the extent that they relate to functions transferred, shall be continued. Orders shall be issued in such proceedings, appeals shall be taken therefrom, and payments shall be made under such orders, as if this Act [Pub.L. 102–321, July 10, 1992, 106 Stat. 323, the ADAMHA Reorganization Act, for distribution of this Act to the Code, see Short Title note set out under section 201 of this title and Tables] had not been enacted, and orders issued in any such proceedings shall continue in effect until modified, terminated, superseded, or revoked by the Administrator of the Substance Abuse and Mental Health Services Administration or the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health by a court of competent jurisdiction, or by operation of law. Nothing in this subsection prohibits the discontinuance or modification of any such proceeding under the same terms and conditions and to the same extent that such proceeding could have been discontinued or modified if this subtitle [this note] had not been enacted.

"(2) **Regulations.**—The Secretary of Health and Human Services is authorized to issue regulations providing for the orderly transfer of proceedings continued under paragraph (1).

"(c) **Effect on legal actions.**—Except as provided in subsection (e)—

"(1) the provisions of this subtitle [this note] do not affect actions commenced prior to the date of enactment of this Act [July 10, 1992]; and

"(2) in all such actions, proceedings shall be had, appeals taken, and judgments rendered in the same manner and effect as if this Act [Pub.L. 102–321, July 10, 1992, 106 Stat. 323, the ADAMHA Reorganization Act, for distribution of this Act to the Code, see Short Title note set out under section 201 of this title and Tables] had not been enacted.

"(d) **No abatement of actions or proceedings.**—No action or other proceeding commenced by or against any officer in his official capacity as an officer of the Department of Health and Human Services with respect to functions transferred by this subtitle [this note] shall abate by reason of the enactment of this Act [Pub.L. 102–321, July 10, 1992, 106 Stat. 323, the ADAMHA Reorganization Act, for distribution of this Act to the Code, see Short Title note set out under section 201 of this title and Tables]. No cause of action by or against the Department of Health and Human Services with respect to functions transferred by this subtitle [this note], or by or against any officer thereof in his official capacity, shall abate by reason of the enactment of this Act [Pub.L. 102–321, July 10, 1992, 106 Stat. 323, the ADAMHA Reorganization Act, for distribution of this Act to the Code, see Short Title note set out under section 201 of this title and Tables]. Causes of action and actions with respect to a function transferred by this subtitle [this note], or other proceedings may be asserted by or against the United States or the Administrator of the Alcohol, Drug Abuse and Mental Health Administration or the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the National Institute of Mental Health, as may be appropriate, and, in an action pending when this Act takes effect [see section 801 of Pub.L. 102–321, set out as a note under section 236 of this title], the court may at any time, on its own motion or that of any party, enter an order which will give effect to the provisions of this subsection.

"(e) **Substitution.**—If, before the date of enactment of this Act [July 10, 1992], the Department of Health and Human Services, or any officer thereof in the official capacity of such officer, is a party to an action, and under this subtitle [this note] any function of such Department, Office, or officer is transferred to the Administrator of the Substance Abuse and Mental Health Services Administration or the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health, then such action shall be continued with the Administrator of the Substance Abuse and Mental Health Services Administration or the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health, as the case may be, substituted or added as a party.

"(f) **Judicial review.**—Orders and actions of the Administrator of the Substance Abuse and Mental Health Services Administration or the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health in the exercise of functions transferred to the Directors by this subtitle [this note] shall be subject to judicial review to the same extent and in the same manner as if such orders and actions had been by the Administrator of the Alcohol, Drug Abuse and Mental Health Administration or the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the National Institute of Mental Health, or any office or officer thereof, in the exercise of such functions immediately preceding their transfer. Any statutory requirements relating to notice, hearings, action upon the record, or administrative review that apply to any function transferred by this subtitle [this note] shall apply to the exercise of such function by the Administrator of the Substance Abuse and Mental Health Services Administration or the Directors.

"**Sec. 146. Transition.**

"With the consent of the Secretary of Health and Human Services, the Administrator of the Substance Abuse and Mental Health Services Administration and the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the Na-

tional Institute of Mental Health are authorized to utilize—

"(1) the services of such officers, employees, and other personnel of the Department with respect to functions transferred to the Administrator of the Substance Abuse and Mental Health Services Administration and the Director of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health by this subtitle [this note]; and

"(2) funds appropriated to such functions for such period of time as may reasonably be needed to facilitate the orderly implementation of this subtitle [this note].

"Sec. 147. Peer review.

"With respect to fiscal years 1993 through 1996, the peer review systems, advisory councils and scientific advisory committees utilized, or approved for utilization, by the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health prior to the transfer of such Institutes to the National Institute of Health shall be utilized by such Institutes.

"Sec. 148. Mergers.

"Notwithstanding the provisions of section 401(c)(2) of the Public Health Service Act (42 U.S.C. 281(c)(2) [section 281(c)(2) of this title]), the Secretary of Health and Human Services may not merge the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse or the National Institute of Mental Health with any other institute or entity (or with each other) within the national research institutes for a 5-year period beginning on the date of enactment of this Act [July 10, 1992].

"Sec. 149. Conduct of multi-year research projects.

"With respect to multi-year grants awarded prior to fiscal year 1993 by the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the National Institute of Mental Health with amounts received under section 1911(b), as such section existed one day prior to the date of enactment of this Act [former section 300x(b) of this title], such grants shall be continued for the entire period of the grant through the utilization of funds made available pursuant to sections 464H, 464L, or 464R [sections 285n, 285o, and 285p of this title], as appropriate, subject to satisfactory performance.

"Sec. 150. Separability.

"If a provision of this subtitle [this note] or its application to any person or circumstance is held invalid, neither the remainder of this Act [Pub.L. 102-321, July 10, 1992, 106 Stat. 323, the ADAMHA Reorganization Act, for distribution of this Act to the Code, see Short Title note set out under section 201 of this title and Tables] nor the application of the provision to other persons or circumstances shall be affected.

"Sec. 151. Budgetary authority.

"With respect to fiscal years 1994 and 1995, the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the National Institute of Mental Health shall notwithstanding section 405(a) [section 284(a) of this title], prepare and submit, directly to the President for review and transmittal to Congress, an annual budget estimate (including an estimate of the number and type of personnel needs for the Institute) for their respective Institutes, after reasonable opportunity for comment (but without change) by the Secretary of Health and Human Services, the Director of the National Institutes of Health, and the Institute's advisory council."

LIBRARY REFERENCES

Encyclopedias

Chemical Dependents, see C.J.S. § 10 et seq.

Drugs and Controlled Substances, 25 Am. Jur. 2d § 250.

§ 290aa-1. Advisory councils

(a) Appointment

(1) In general

The Secretary shall appoint an advisory council for—

(A) the Substance Abuse and Mental Health Services Administration;

(B) the Center for Substance Abuse Treatment;

(C) the Center for Substance Abuse Prevention; and

(D) the Center for Mental Health Services.

Each such advisory council shall advise, consult with, and make recommendations to the Secretary and the Administrator or Director of the Administration or Center for which the advisory council is established concerning matters relating to the activities carried out by and through the Administration or Center and the policies respecting such activities.

(2) Function and activities

An advisory council—

(A)(i) may on the basis of the materials provided by the organization respecting activities conducted at the organization, make recommendations to

the Administrator or Director of the Administration or Center for which it was established respecting such activities;

(ii) shall review applications submitted for grants and cooperative agreements for activities for which advisory council approval is required under section 290aa-3(d)(2) of this title and recommend for approval applications for projects that show promise of making valuable contributions to the Administration's mission; and

(iii) may review any grant, contract, or cooperative agreement proposed to be made or entered into by the organization;

(B) may collect, by correspondence or by personal investigation, information as to studies and services that are being carried on in the United States or any other country as to the diseases, disorders, or other aspects of human health with respect to which the organization was established and with the approval of the Administrator or Director, whichever is appropriate, make such information available through appropriate publications for the benefit of public and private health entities and health professions personnel and for the information of the general public; and

(C) may appoint subcommittees and convene workshops and conferences.

(b) Membership

(1) In general

Each advisory council shall consist of nonvoting ex officio members and not more than 12 members to be appointed by the Secretary under paragraph (3).

(2) Ex officio members

The ex officio members of an advisory council shall consist of—

(A) the Secretary;

(B) the Administrator;

(C) the Director of the Center for which the council is established;

(D) the Under Secretary for Health of the Department of Veterans Affairs;

(E) the Assistant Secretary for Defense for Health Affairs (or the designates of such officers); and

(F) such additional officers or employees of the United States as the Secretary determines necessary for the advisory council to effectively carry out its functions.

(3) Appointed members

Individuals shall be appointed to an advisory council under paragraph (1) as follows:

(A) Nine of the members shall be appointed by the Secretary from among the leading representatives of the health disciplines (including public health and behavioral and social sciences) relevant to the activities of the Administration or Center for which the advisory council is established.

(B) Three of the members shall be appointed by the Secretary from the general public and shall include leaders in fields of public policy, public relations, law, health policy economics, or management.

(4) Compensation

Members of an advisory council who are officers or employees of the United States shall not receive any compensation for service on the advisory council. The remaining members of an advisory council shall receive, for each day (including travel time) they are engaged in the performance of the functions of the advisory council, compensation at rates not to exceed the daily equivalent to the annual rate in effect for grade GS–18 of the General Schedule.

(c) Terms of office

(1) In general

The term of office of a member of an advisory council appointed under subsection (b) of this section shall be 4 years, except that any member appointed to fill a

vacancy for an unexpired term shall serve for the remainder of such term. The Secretary shall make appointments to an advisory council in such a manner as to ensure that the terms of the members not all expire in the same year. A member of an advisory council may serve after the expiration of such member's term until a successor has been appointed and taken office.

(2) Reappointments

A member who has been appointed to an advisory council for a term of 4 years may not be reappointed to an advisory council during the 2–year period beginning on the date on which such 4–year term expired.

(3) Time for appointment

If a vacancy occurs in an advisory council among the members under subsection (b) of this section, the Secretary shall make an appointment to fill such vacancy within 90 days from the date the vacancy occurs.

(d) Chair

The Secretary shall select a member of an advisory council to serve as the chair of the council. The Secretary may so select an individual from among the appointed members, or may select the Administrator or the Director of the Center involved. The term of office of the chair shall be 2 years.

(e) Meetings

An advisory council shall meet at the call of the chairperson or upon the request of the Administrator or Director of the Administration or Center for which the advisory council is established, but in no event less than 2 times during each fiscal year. The location of the meetings of each advisory council shall be subject to the approval of the Administrator or Director of Administration or Center for which the council was established.

(f) Executive Secretary and staff

The Administrator or Director of the Administration or Center for which the advisory council is established shall designate a member of the staff of the Administration or Center for which the advisory council is established to serve as the Executive Secretary of the advisory council. The Administrator or Director shall make available to the advisory council such staff, information, and other assistance as it may require to carry out its functions. The Administrator or Director shall provide orientation and training for new members of the advisory council to provide for their effective participation in the functions of the advisory council.

(July 1, 1944, c. 373, Title V, § 502, formerly § 505, as added Oct. 27, 1986, Pub.L. 99–570, Title IV, § 4004(a), 100 Stat. 3207–109, and amended Oct. 25, 1988, Pub.L. 100–527, § 10, 102 Stat. 2640; Aug. 18, 1990, Pub.L. 101–381, Title I, § 102(6), 104 Stat. 586; renumbered § 502 and amended July 10, 1992, Pub.L. 102–321, Title I, § 102, 106 Stat. 331; Aug. 26, 1992, Pub.L. 102–352, § 2(a)(6), 106 Stat. 938; Oct. 9, 1992, Pub.L. 102–405, Title III, § 302(e)(1), 106 Stat. 1985; Nov. 2, 1994, Pub.L. 103–446, Title XII, § 1203(a)(1), 108 Stat. 4689; Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXIV, § 3402, 114 Stat. 1219.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1986 Acts. Statement by President, see 1986 U.S. Code Cong. and Adm. News, p. 5393.

1990 Acts. Senate Report No. 101–273 and House Conference Report No. 101–652, see 1990 U.S. Code Cong. and Adm. News, p. 862.

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

1994 Acts. Related House Report No. 103–669, see 1994 U.S. Code Cong. and Adm. News, p. 3681.

References in Text

The General Schedule, referred to in subsec. (b)(4), is set out under section 5332 of Title 5, Government Organization and Employees.

Codifications

Section was formerly classified to section 290aa–3a of this title prior to renumbering by section 102(1) of Pub.L. 102–321. See 1992 Amendment note set out under this section.

Amendments

2000 Amendments. Subsec. (e). Pub.L. 106–310, § 3402, substituted "less than 2 times" for "less than 3 times".

1994 Amendments. Subsec. (b)(2)(D). Pub.L. 103–446, § 1203(a)(1), which directed the substitution of "Under Secretary for Health of the Department of Veterans Affairs" for "Chief Medical Director of the Department of Veterans Affairs" required no change in text due to prior amendment pursuant to section 302(e) of Pub.L.

102–405. See Change of Name note set out under this section.

1992 Amendments. Subsec. (b)(3)(B). Pub.L. 102–352, § 2(a)(6), substituted "or management" for "and management".

Pub.L. 102–321, § 102, renumbered former section 290aa–3a of this title as this section and amended section generally; in subsec. (a)(1), substituting provisions relating to Substance Abuse and Mental Health Services Administration and Centers for Substance Abuse Treatment, for Substance Abuse Prevention, and for Mental Health Services for provisions relating to National Institutes on Alcohol Abuse and Alcoholism, on Drug Abuse, and of Mental Health, striking out subsec. (a)(2), which related to acceptance of gifts, and redesignating, with minor changes, subsec. (a)(3) as subsec. (a)(2); in subsec. (b)(2), substituting provisions relating to Director of Center for provisions relating to Director of Institute; dividing subsec. (c) into 3 pars.; in subsec. (d), substituting provisions relating to chair for provisions relating to chairman and provisions relating to Administrator or Director of Center for provisions relating to Director of Institute; in subsec. (e), substituting provisions relating to Administrator or Director of Administration or Center for provisions relating to Director of Institute, wherever appearing; and, in subsec. (f), substituting provisions requiring Administrator or Director of Administration or Center to designate member of staff of Administration or Center to serve as Executive Secretary for provisions requiring Director of Institute to designate member of staff of Institute to serve as executive secretary and provisions requiring Administrator or Director to make resources available for council and to provide orientation and training for new members for provisions requiring Director of Institute to make available such resources and to provide such orientation and training.

1990 Amendments. Subsec. (a)(2). Pub.L. 101–381 substituted "2701", meaning section 2701 of the Public Health Act, section 300aaa of this title, for "2101", meaning former section 2101 of the Public Health Service Act, to reflect the renumberings of former section 2101 of such Act as section 2701 of such Act. As both phrases translated as "300aaa of this title" amendment by Pub.L. 101–381 required no change in text.

Effective and Applicability Provisions

1992 Acts. Amendment of this section by section 2(a)(6) of Pub.L. 102–352, effective Oct. 1, 1992, except as otherwise provided, see section 3(1) of Pub.L. 102–352, set out in a note under section 285n of Title 42, The Public Health and Welfare.

Amendment by Pub.L. 102–321 effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal year 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of Title 42, The Public Health and Welfare.

Change of Name

Reference to the "Chief Medical Director of the Veterans' Administration" deemed to refer to the "Chief Medical Director of the Department of Veterans Affairs" pursuant to section 10 of Pub.L. 100–527, set out as a Department of Veterans Affairs Act note under section 301 of Title 38, Veterans' Benefits.

Reference to the "Chief Medical Director of the Department of Veterans Affairs" deemed to refer to the "Under Secretary for Health of the Department of Veterans Affairs" pursuant to section 302(e) of Pub.L. 102–405, set out as a Change of Name note under section 305 of Title 38, Veterans' Benefits.

Prior Provisions

A prior section 290aa–1, Act July 1, 1944, c. 373, Title V, § 502, formerly Pub.L. 91–616, Title I, § 101, Dec. 31, 1970, 84 Stat. 1848, as amended Pub.L. 93–282, Title II, § 203(a), May 14, 1974, 88 Stat. 135; Pub.L. 96–180, § 3, Jan. 2, 1980, 93 Stat. 1302; Pub.L. 97–35, Title IX, § 966(a), Aug. 13, 1981, 95 Stat. 595; renumbered § 502 of Act July 1, 1944, and amended Apr. 26, 1983, Pub.L. 98–24, § 2(b)(3), 97 Stat. 177; Oct. 19, 1984, Pub.L. 98–509, Title II, § 205(b)(2), 98 Stat. 2361; Oct. 27, 1986, Pub.L. 99–570, Title IV, § 4005(b)(1), 100 Stat. 3207–114, related to National Institute on Alcohol Abuse and Alcoholism, prior to repeal by Pub.L. 102–321, Title I, § 101(b), July 10, 1992, 106 Stat. 331. See section 285n of this title.

A prior section 502 of Act July 1, 1944, which was classified to section 220 of this title, was successively renumbered by subsequent acts and transferred, see section 238a of this title.

Continuance of Existing Advisory Councils

Section 4004(b) of Pub.L. 99–570 provided that: "The amendment made by subsection (a) [enacting this section and renumbering sections now set out as sections 290aa–2 and 290aa–3 of this title] does not terminate the membership of any advisory council for the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, or the National Institute of Mental Health which was in existence on the date of enactment of this Act [Oct. 27, 1986]. After such date—

"(1) the Secretary of Health and Human Services shall make appointments to each such advisory council in such a manner as to bring about as soon as practicable the composition for such council prescribed by section 505 of the Public Health Service Act [this section];

"(2) each advisory council shall organize itself in accordance with such section and exercise the functions prescribed by such section; and

"(3) the Director of each such institute shall perform for such advisory council the functions prescribed by such section."

Termination of Advisory Councils

Advisory councils established after Jan. 5, 1973, to terminate not later than the expiration of the 2-year period beginning on the date of their establishment, unless, in the case of a council established by the President or an officer of the Federal Government, such council is re-

newed by appropriate action prior to the expiration of such 2-year period, or in the case of a council established by the Congress, its duration is otherwise provided by law. See sections 3(2) and 14 of Pub.L. 92-463, Oct. 6, 1972, 86 Stat. 770, 776, set out in Appendix 2 to Title 5. Government Organization and Employees.

Pub.L. 93-641, § 6, Jan. 4, 1975, 88 Stat. 2275, set out as a note under section 217a of this title, provided that an advisory committee established pursuant to the Public Health Service Act shall terminate at such time as may be specifically prescribed by an Act of Congress enacted after Jan. 4, 1975.

LIBRARY REFERENCES

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WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 290aa-2. Reports: health consequences, current research, recommendations

(a) Alcoholism and alcohol abuse

The Secretary shall submit to Congress on or before January 15, 1984, and every three years thereafter a report—

(1) containing current information on the health consequences of using alcoholic beverages,

(2) containing a description of current research findings made with respect to alcohol abuse and alcoholism, and

(3) containing such recommendations for legislation and administrative action as the Secretary may deem appropriate.

(b) Drug abuse

The Secretary shall submit to Congress on or before January 15, 1984, and every three years thereafter a report—

(1) describing the health consequences and extent of drug abuse in the United States;

(2) describing current research findings made with respect to drug abuse, including current findings on the health effects of marihuana and the addictive property of tobacco; and

(3) containing such recommendations for legislation and administrative action as the Secretary may deem appropriate.

(July 1, 1944, c. 373, Title V, § 503, formerly § 505, as added Apr. 26, 1983, Pub.L. 98-24, § 2(b)(7), 97 Stat. 178; renumbered § 506, Oct. 27, 1986, Pub.L. 99-570, Title IV, § 4004(a), 100 Stat. 3207-109; renumbered § 503, July 10, 1992, Pub.L. 102-321, Title I, § 103, 106 Stat. 333.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1983 Acts. Senate Report No. 98-29, see 1983 U.S.Code Cong. and Adm.News, p. 503.

1986 Acts. Statement by President, see 1986 U.S.Code Cong. and Adm.News, p. 5393.

1992 Acts. Senate Report No. 102-131 and House Conference Report No. 102-546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

Codifications

Section was formerly classified to section 290aa-4 of this title prior to renumbering by section 103 of Pub.L. 102-321.

Prior Provisions

A prior section 290aa-2, Act July 1, 1944, c. 373, Title V, § 503, formerly Pub.L. 92-255, Title IV, § 406(a), Title V, § 501, Mar. 21, 1972, 86 Stat. 78, 85; amended Pub.L. 93-282, Title II, § 204, May 14, 1974, 88 Stat. 136; Pub.L. 94-237, § 12(a), Mar. 19, 1976, 90 Stat. 247; Pub.L. 96-181, § 10, Jan. 2, 1980, 93 Stat. 1314; Pub.L. 97-35, Title IX, § 968(a), 973(f), Aug. 13, 1981, 95 Stat. 595, 598; renumbered § 503 of Act July 1, 1944, and amended Apr. 26, 1983, Pub.L. 98-24, § 2(b)(4), (5), 97 Stat. 177; Oct. 19, 1984, Pub.L. 98-509, Title II, §§ 202, 205(b)(1), 98 Stat. 2360, 2361; Oct. 27, 1986, Pub.L. 99-570, Title IV, § 4005(b)(2), 100 Stat. 3207-114, related to National Institute on Drug Abuse, prior to repeal by Pub.L. 102-321, Title I, § 101(b), July 10, 1992, 106 Stat. 331. See section 285o of this title.

A prior section 503 of Act July 1, 1944, which was originally classified to section 221 of this title, was renumbered section 2103 of Act July 1, 1944, by Pub.L. 98-24 and transferred to section 300aa-2 of this title, renumbered section 2303 of Act July 1, 1944, by Pub.L. 99-660 and transferred to section 300cc-2 of this title, renumbered section 2503 of Act July 1, 1944, by Pub.L.

100–607 and transferred to section 300aaa–2 of this title, and, while set out as section 300aaa–2 of this title, was renumbered section 2603 of Act July 1, 1944, by Pub.L. 100–690, and later renumbered section 2703 of Act July 1, 1944, by Pub.L. 101–381.

Another prior section 503 of Act July 1, 1944, which was formerly Pub.L. 92–255, Title IV, § 406(a), Title V, § 501, Mar. 21, 1972, 86 Stat. 78, 85 and set out as sections 1173(a) and 1191 of Title 21, Food and Drugs, was renumbered section 503 of Act July 1, 1944 and transferred to this section by Pub.L. 98–24, § 2(b)(4), (5), Apr. 26, 1983, 97 Stat. 177, and which related to the National Institute on Drug Abuse, was repealed by Pub.L. 102–321, Title I, § 101(b), July 10, 1992, 106 Stat. 331. See, now, section 285o of this title.

Promulgation of Regulations for Administration of Amendment by Alcohol Abuse, Drug Abuse, and Mental Health Amendments of 1984; Inclusion of Findings in Report

Secretary of Health and Human Services to promulgate regulations, within 90 days of Oct. 19, 1984, for the administration of section 802(28) of Title 21, Food and Drugs, as amended by section 301(a) of Pub.L. 98–509, and to include in the first report submitted under subsec. (b) of this section after such period the findings of the Secretary with respect to the effect of the amendment to section 802(28) of Title 21 by Pub.L. 98–509, see section 301(b) of Pub.L. 98–509, set out as a note under section 802 of Title 21.

Relationship Between the Consumption of Legal and Illegal Drugs

Pub.L. 103–43, Title XIX, § 1908, June 10, 1993, 107 Stat. 204, provided that:

"**(a) In general.**—The Secretary of Health and Human Services shall review and consider all existing relevant data and research concerning whether there is a relationship between an individual's receptivity to use or consume legal drugs and the consumption or abuse by the individual of illegal drugs. On the basis of such review, the Secretary shall determine whether additional research is necessary. If the Secretary determines additional research is required, the Secretary shall conduct a study of those subjects where the Secretary's review indicates additional research is needed, including, if necessary, a review of—

"(1) the effect of advertising and marketing campaigns that promote the use of legal drugs on the public;

"(2) the correlation of legal drug abuse with illegal drug abuse; and

"(3) other matters that the Secretary determines appropriate.

"**(b) Report.**—Not later than 12 months after the date of enactment of this Act [June 10, 1993], the Secretary shall prepare and submit, to the Committee on Energy and Commerce of the House of Representatives and Committee on Labor and Human Resources of the Senate, a report containing the results of the review conducted under subsection (b). If the Secretary determines additional research is required, no later than 2 years after the date of enactment of this Act, the Secretary shall prepare and submit, to the Committee on Energy and Commerce of the House of Representatives and Committee on Labor and Human Resources of the Senate, a report containing the results of the additional research conducted under subsection (b)."

[Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.]

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United States ⟹29, 31.

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United States, see C.J.S. §§ 31, 34.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 290aa–2a. Report on individuals with co-occurring mental illness and substance abuse disorders

(a) In general

Not later than 2 years after October 17, 2000, the Secretary shall, after consultation with organizations representing States, mental health and substance abuse treatment providers, prevention specialists, individuals receiving treatment services, and family

members of such individuals, prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Commerce of the House of Representatives, a report on prevention and treatment services for individuals who have co-occurring mental illness and substance abuse disorders.

(b) Report content

The report under subsection (a) shall be based on data collected from existing Federal and State surveys regarding the treatment of co-occurring mental illness and substance abuse disorders and shall include—

(1) a summary of the manner in which individuals with co-occurring disorders are receiving treatment, including the most up-to-date information available regarding the number of children and adults with co-occurring mental illness and substance abuse disorders and the manner in which funds provided under sections 300x and 300x–21 of this title are being utilized, including the number of such children and adults served with such funds;

(2) a summary of improvements necessary to ensure that individuals with co-occurring mental illness and substance abuse disorders receive the services they need;

(3) a summary of practices for preventing substance abuse among individuals who have a mental illness and are at risk of having or acquiring a substance abuse disorder; and

(4) a summary of evidenced-based practices for treating individuals with co-occurring mental illness and substance abuse disorders and recommendations for implementing such practices.

(c) Funds for report

The Secretary may obligate funds to carry out this section with such appropriations as are available.

(July 1, 1944, c. 373, Title V, § 503A, as added Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXIV, § 3406, 114 Stat. 1221.)

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Mental Health ⟹2.
United States ⟹23(1), 32, 41, 82(2), 85.
Key Number System Topic Nos. 76A, 257A, 393.

Encyclopedias

Chemical Dependents, see C.J.S. §§ 2, 4, 10 to 11.
Insane Persons, see C.J.S. § 22.
United States, see C.J.S. §§ 26, 32, 41, 122 to 123.

§ 290aa–3. Peer review

(a) In general

The Secretary, after consultation with the Administrator, shall require appropriate peer review of grants, cooperative agreements, and contracts to be administered through the agency which exceed the simple acquisition threshold as defined in section 403(11) of Title 41.

(b) Members

The members of any peer review group established under subsection (a) shall be individuals who by virtue of their training or experience are eminently qualified to perform the review functions of the group. Not more than one-fourth of the members of any such peer review group shall be officers or employees of the United States.

(c) Advisory Council review

If the direct cost of a grant or cooperative agreement (described in subsection (a)) exceeds the simple acquisition threshold as defined by section 403(11) of Title 41, the Secretary may make such a grant or cooperative agreement only if such grant or cooperative agreement is recommended—

(1) after peer review required under subsection (a); and

(2) by the appropriate advisory council.

(d) Conditions

The Secretary may establish limited exceptions to the limitations contained in this section regarding participation of Federal employees and advisory council approval. The circumstances under which the Secretary may make such an exception shall be made public.

(July 1, 1944, c. 373, Title V, § 504, formerly § 506, as added Apr. 26, 1983, Pub.L. 98-24, § 2(b)(7), 97 Stat. 178, and amended Nov. 20, 1985, Pub.L. 99-158, § 3(c), 99 Stat. 879; renumbered § 507 and amended Oct. 27, 1986, Pub.L. 99-570, Title IV, §§ 4004(a), 4007, 100 Stat. 3207-109, 3207-115; renumbered § 504 and amended July 10, 1992, Pub.L. 102-321, Title I, § 104, 106 Stat. 333; Aug. 26, 1992, Pub.L. 102-352, § 2(a)(7), 106 Stat. 938; Nov. 13, 1998, Pub.L. 105-392, § 412, 112 Stat. 3590; Oct. 17, 2000, Pub.L. 106-310, Div. B, Title XXXIV, § 3401(b), 114 Stat. 1218.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1983 Acts. Senate Report No. 98-29, see 1983 U.S. Code Cong. and Adm. News, p. 503.

1985 Acts. House Report No. 99-158 and House Conference Report No. 99-309, see 1985 U.S. Code Cong. and Adm. News, p. 672.

1986 Acts. Statement by President, see 1986 U.S. Code Cong. and Adm. News, p. 5393.

1992 Acts. Senate Report No. 102-131 and House Conference Report No. 102-546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

Codifications

Section was formerly classified to section 290aa-5 of this title prior to renumbering by section 104(1) of Pub.L. 102-321. See 1992 Amendments note set out under this section.

Amendments

2000 Amendments. Pub.L. 106-310, § 3401(b), rewrote this section, which formerly read:

"§ 290aa-3. Peer review

"(a) In general

"The Secretary, after consultation with the Directors of the Center for Substance Abuse Treatment, the Center for Substance Abuse Prevention, and the Center for Mental Health Services, shall require appropriate peer review of grants, cooperative agreements, and contracts to be administered through such Centers.

"(b) Members

"The members of any peer review group established under regulations under subsection (a) of this section shall be individuals who by virtue of their training or experience are eminently qualified to perform the review functions of the group. Not more than one-fourth of the members of any peer review group established under such regulation shall be officers or employees of the United States.

"(c) Requirements

"Regulations promulgated pursuant to subsection (a) of this section—

"(1) shall require that the reviewing entity be provided a written description of the matter to be reviewed;

"(2) shall require that the reviewing entity provide the advisory council of the Center involved with such description and the results of the review by the entity; and

"(3) may specify the conditions under which limited exceptions may be granted to the limitations contained in the last sentence of subsection (b) of this section and subsection (d) of this section.

"(d) Recommendations

"(1) In general

"If the direct cost of a grant, cooperative agreement, or contract (described in subsection (a) of this section) to be made does not exceed $50,000, the Secretary may make such grant, cooperative agreement, or contract only if such grant, cooperative agreement, or contract is recommended after peer review required by regulations under subsection (a) of this section.

"(2) By appropriate advisory council

"If the direct cost of a grant, or cooperative agreement (described in subsection (a) of this section) to be made exceeds $50,000, the Secretary may make such grant, or cooperative agreement only if such grant, or cooperative agreement is recommended—

"(A) after peer review required by regulations under subsection (a) of this section, and

"(B) by the appropriate advisory council.".

1998 Amendments. Subsec. (d)(2). Pub.L. 105-392, § 412, struck "cooperative agreement, or contract" each place the term appeared and inserted "or cooperative agreement".

1992 Amendments. Subsec. (a). Pub.L. 102-352, § 2(a)(7), deleted requirement that the Directors of the Center for Substance Abuse Treatment, the Center for Substance Abuse Prevention, and the Center for Mental Health Services carry out their duties by regulation.

Pub.L. 102-321, § 104, renumbered former section 290aa-5 of this title as this section and amended section generally, substituting general provisions and provisions relating to members, requirements and recommendations for provisions relating to requirements for biomedical and behavioral research and development, consistency with peer review regulations, qualifications of review group members, procedures for review of research, and amount of direct cost of grant, cooperative agreement, or contract as determining approval procedure.

1986 Amendments. Subsec. (b). Pub.L. 99-570, § 4007, inserted "applications made for" before "grants, cooperative" in provisions preceding par. (1).

1985 Amendments. Subsec. (e). Pub.L. 99-158 added subsec. (e).

Effective and Applicability Provisions

1992 Acts. Amendment of this section by section 2(a)(7) of Pub.L. 102–352, effective Oct. 1, 1992, except as otherwise provided, see section 3(1) of Pub.L. 102–352, set out in a note under section 285n of Title 42, The Public Health and Welfare.

Amendment by Pub.L. 102–321 effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal year 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of Title 42, The Public Health and Welfare.

Prior Provisions

A prior section 290aa–3, Act July 1, 1944, c. 373, Title V, § 504, formerly Title IV, § 455, as added May 14, 1974, Pub.L. 93–282, Title II, § 202, 88 Stat. 135, and amended Oct. 7, 1980, Pub.L. 96–398, Title III, § 325, Title IV, § 401(a), Title VIII, § 804(a), 94 Stat. 1596, 1597, 1608; Aug. 13, 1981, Pub.L. 97–35, Title IX, § 902(g)(1), 95 Stat. 560; renumbered Title V, § 504, Apr. 26, 1983, Pub.L. 98–24, § 2(b)(6), 97 Stat. 177; Oct. 19, 1984, Pub.L. 98–509, Title II, §§ 203, 204, 98 Stat. 2360, 2361; Oct. 7, 1985, Pub.L. 99–117, § 11(b), 99 Stat. 495; Oct. 27, 1986, Pub.L. 99–570, Title IV, §§ 4011(a), 4012, 4013, 4021(a), (b)(1), 100 Stat. 3207–115, 3207–116, 3207–124; Nov. 14, 1986, Pub.L. 99–660, Title V, § 504, 100 Stat. 3797; Nov. 18, 1988, Pub.L. 100–690, Title II, § 2057(1), (2), 102 Stat. 4211, related to National Institute of Mental Health, prior to repeal by Pub.L. 102–321, Title I, § 101(b), July 10, 1992, 106 Stat. 331. See section 285p of this title.

A prior section 504 of Act July 1, 1944, which was classified to section 222 of this title, was renumbered section 2104 of Act July 1, 1944, by Pub.L. 98–24 and transferred to section 300aa–3 of this title, renumbered section 2304 of Act July 1, 1944, by Pub.L. 99–660 and transferred to section 300cc–3 of this title, and was repealed by Pub.L. 98–621, § 10(s), Nov. 8, 1984, 98 Stat. 3381.

LIBRARY REFERENCES

American Digest System

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United States ⟹32, 41, 82(2).
Key Number System Topic Nos. 76A, 393.

Encyclopedias

Chemical Dependents, see C.J.S. §§ 2, 4, 10 to 11.
United States, see C.J.S. §§ 32, 41, 122.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 290aa–3a. Transferred

HISTORICAL AND STATUTORY NOTES

Codifications

Section, Act July 1, 1944, c. 373, § 505, as added Oct. 17, 1986, Pub.L. 99–570, Title IV, § 4004(a), 100 Stat. 3207–109, which related to advisory councils, was renumbered section 502 of Act July 1, 1944, transferred to section 290aa–1 of this title, and amended by Pub.L. 102–321, Title I, § 102, July 10, 1992, 106 Stat. 331.

§ 290aa–4. Data collection

(a) Requirement of annual collection of data on mental illness and substance abuse

The Secretary, acting through the Administrator, shall collect data each year on—

(1) the national incidence and prevalence of the various forms of mental illness and substance abuse; and

(2) the incidence and prevalence of such various forms in major metropolitan areas selected by the Administrator.

(b) Requisite areas of data collection on mental health

With respect to the activities of the Administrator under subsection (a) of this section relating to mental health, the Administrator shall ensure that such activities include, at a minimum, the collection of data on—

(1) the number and variety of public and nonprofit private treatment programs;

(2) the number and demographic characteristics of individuals receiving treatment through such programs;

(3) the type of care received by such individuals; and

(4) such other data as may be appropriate.

(c) Requisite areas of data collection on substance abuse

(1) With respect to the activities of the Administrator under subsection (a) of this section relating to substance abuse, the Administrator shall ensure that such activities include, at a minimum, the collection of data on—

(A) the number of individuals admitted to the emergency rooms of hospitals as a result of the abuse of alcohol or other drugs;

(B) the number of deaths occurring as a result of substance abuse, as indicated in reports by coroners;

(C) the number and variety of public and private nonprofit treatment programs, including the number and type of patient slots available;

(D) the number of individuals seeking treatment through such programs, the number and demographic characteristics of individuals receiving such treatment, the percentage of individuals who complete such programs, and, with respect to individuals receiving such treatment, the length of time between an individual's request for treatment and the commencement of treatment;

(E) the number of such individuals who return for treatment after the completion of a prior treatment in such programs and the method of treatment utilized during the prior treatment;

(F) the number of individuals receiving public assistance for such treatment programs;

(G) the costs of the different types of treatment modalities for drug and alcohol abuse and the aggregate relative costs of each such treatment modality provided within a State in each fiscal year;

(H) to the extent of available information, the number of individuals receiving treatment for alcohol or drug abuse who have private insurance coverage for the costs of such treatment;

(I) the extent of alcohol and drug abuse among high school students and among the general population; and

(J) the number of alcohol and drug abuse counselors and other substance abuse treatment personnel employed in public and private treatment facilities.

(2) Annual surveys shall be carried out in the collection of data under this subsection. Summaries and analyses of the data collected shall be made available to the public.

(d) Development of uniform criteria for data collection

After consultation with the States and with appropriate national organizations, the Administrator shall develop uniform criteria for the collection of data, using the best available technology, pursuant to this section.

(July 1, 1944, c. 373, Title V, § 505, formerly § 509D, as added Nov. 18, 1988, Pub.L. 100–690, Title II, § 2052(a), 102 Stat. 4207, and amended Aug. 16, 1989, Pub.L. 101–93, § 3(b), 103 Stat. 609; renumbered § 505, July 10, 1992, Pub.L. 102–321, Title I, § 105, 106 Stat. 334, and amended June 10, 1993, Pub.L. 103–43, Title XX, § 2010(b)(7), 107 Stat. 214.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1988 Acts. For Related Reports, see 1988 U.S. Code Cong. and Adm. News, p. 5937.

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Codifications

Directory language of Pub.L. 103–43, Title II, § 2010(b)(7), June 10, 1993, 107 Stat. 214, calling for the substitution of "section 238 of this title" for "section 300aaa of this title" in subsec. (a)(2) of section 505 of Act July 1, 1944 (this section), was incapable of execution. The quoted language appeared in prior section 505 of Act July 1, 1944 (section 290aa-3a of this title) prior to the transfer and complete revision of that section's provisions by Pub.L. 102–321.

Section was formerly classified to section 290aa-11 of this title prior to renumbering by section 105 of Pub.L. 102–321.

Section 105 of Pub.L. 102–321, renumbering former section 509D of Act July 1, 1944, which was classified to section 290aa-11 of this title, as section 505 of Act July 1, 1944, was executed to former section 290aa-11 of this title, despite parenthetical reference to section 290cc-11 of this title, as the probable intent of Congress.

Amendments

1989 Amendments. Subsec. (c)(1)(A). Pub.L. 101–93, § 3(b)(1), substituted "alcohol or" for "alcohol and".

Subsec. (c)(2). Pub.L. 101–93, § 3(b)(2), substituted "this subsection" for "this section".

Prior Provisions

A prior section 505 of Act July 1, 1944, which was classified to section 223 of this title, was renumbered section 2105 of Act July 1, 1944, by Pub.L. 98–24 and transferred to section 300aa–4 of this title, renumbered section 2305 of Act July 1, 1944, by Pub.L. 99–660 and transferred to section 300cc–4 of this title and repealed by Pub.L. 99–117, § 12(f), Oct. 7, 1985, 99 Stat. 495.

Another prior section 505 of Act July 1, 1944, which was added by Pub.L. 98–24, § 2(b)(7), Apr. 26, 1983, 97 Stat. 178 and classified to this section, was renumbered section 506 of Act July 1, 1944 by Pub.L. 99–570, Title IV, § 4004(a), Oct. 27, 1986, 100 Stat. 3207-109, and was further renumbered section 503 of Act July 1, 1944 and transferred to section 290aa–2 of this title by Pub.L. 102–321, Title I, § 103, July 10, 1992, 106 Stat. 333.

Reports on Consumption of Methamphetamine and Other Illicit Drugs in Rural Areas, Metropolitan Areas, and Consolidated Metropolitan Areas

Pub.L. 106–310, Div. B, Title XXXVI, § 3641, Oct. 17, 2000, 114 Stat. 1237, provided that: "The Secretary of Health and Human Services shall include in each National Household Survey on Drug Abuse appropriate prevalence data and information on the consumption of methamphetamine and other illicit drugs in rural areas, metropolitan areas, and consolidated metropolitan areas."

Public Health Monitoring of Methamphetamine Abuse

Pub.L. 104–237, Title V, § 502, Oct. 3, 1996, 110 Stat. 3112, provided that: "The Secretary of Health and Human Services shall develop a public health monitoring program to monitor methamphetamine abuse in the United States. The program shall include the collection and dissemination of data related to methamphetamine abuse which can be used by public health officials in policy development."

LIBRARY REFERENCES

American Digest System

Chemical Dependents ⟹10 et seq.
Key Number System Topic No. 76A.
United States ⟹41.
Key Number System Topic No. 393.

Encyclopedias

Chemical Dependents, see C.J.S. § 10 et seq.
United States, see C.J.S. § 41.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 290aa–5. Grants for the benefit of homeless individuals

(a) In general

The Secretary shall award grants, contracts and cooperative agreements to community-based public and private nonprofit entities for the purposes of providing mental health and substance abuse services for homeless individuals. In carrying out this section, the Secretary shall consult with the Interagency Council on the Homeless, established under section 11311 of this title.

(b) Preferences

In awarding grants, contracts, and cooperative agreements under subsection (a), the Secretary shall give a preference to—

(1) entities that provide integrated primary health, substance abuse, and mental health services to homeless individuals;

(2) entities that demonstrate effectiveness in serving runaway, homeless, and street youth;

(3) entities that have experience in providing substance abuse and mental health services to homeless individuals;

(4) entities that demonstrate experience in providing housing for individuals in treatment for or in recovery from mental illness or substance abuse; and

(5) entities that demonstrate effectiveness in serving homeless veterans.

(c) Services for certain individuals

In awarding grants, contracts, and cooperative agreements under subsection (a), the Secretary shall not—

(1) prohibit the provision of services under such subsection to homeless individuals who are suffering from a substance abuse disorder and are not suffering from a mental health disorder; and

(2) make payments under subsection (a) to any entity that has a policy of—

(A) excluding individuals from mental health services due to the existence or suspicion of substance abuse; or

(B) has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

(d) Term of the awards

No entity may receive a grant, contract, or cooperative agreement under subsection (a) for more than 5 years.

(e) Authorization of appropriations

There is authorized to be appropriated to carry out this section, $50,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003 .

(July 1, 1944, c. 373, Title V, § 506, formerly § 512, as added Oct. 19, 1984, Pub.L. 98–509, Title II, § 206(a), 98 Stat. 2361, and amended July 22, 1987, Pub.L. 100–77, Title VI, § 613(a), (b), 101 Stat. 524; renumbered § 506 and amended July 10, 1992, Pub.L. 102–321, Title I, § 106, 106 Stat. 334; Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXII, § 3202, 114 Stat. 1190.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1984 Acts. Senate Report No. 98–381 and House Conference Report No. 98–1123, see 1984 U.S. Code Cong. and Adm. News, p. 3994.

1987 Acts. House Report Nos. 100–10(Parts I and II) and 100–8, House Conference Report No. 100–174, and Statement by President, see 1987 U.S. Code Cong. and Adm. News, p. 362.

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

Codifications

Section was formerly classified to section 290bb–1a of this title prior to renumbering by section 106(a) of Pub.L. 102–321. See 1992 Amendments note set out under this section.

Section 106(a) of Pub.L. 102–321, renumbering former section 512 of Act July 1, 1944, which was classified to section 290bb–1a of this title, as section 506 of Act July 1, 1944, was executed to former section 290bb–1a of this title, as the probable intent of Congress, notwithstanding parenthetical reference to section 290bb–1b of this title.

Amendments

2000 Amendments. Pub.L. 106–310, § 3202, rewrote this section which formerly read:

"§ 290aa–5. Grants for benefit of homeless individuals

"(a) Grants for benefit of homeless individuals

"The Secretary, acting through the Administrator, may make grants to, and enter into contracts and cooperative agreements with, community-based public and private nonprofit entities for the purpose of developing and expanding mental health and substance abuse treatment services for homeless individuals. In carrying out this subsection, the Administrator shall consult with the Administrator of the Health Resources and Services Administration, the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the National Institute of Mental Health, and the Commissioner of the Administration for Children, Youth and Families.

"(b) Preference

"In awarding grants under subsection (a) of this section, the Secretary shall give preference to entities that provide integrated primary health care, substance abuse and mental health services to homeless individuals.

"(c) Services for certain individuals

"In making awards under subsection (a) of this section, the Secretary may not prohibit the provision of services under such subsection to homeless individuals who have a primary diagnosis of substance abuse and are not suffering from mental illness.

"(d) Term of grant

"No entity may receive grants under subsection (a) of this section for more than 5 years although such grants may be renewed.

"(e) Authorization of appropriations

"There are authorized to be appropriated to carry out this section, $50,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994."

1992 Amendments. Pub.L. 102–321, § 106, renumbered former section 290bb–1a of this title as this section and amended section generally, substituting provisions relating to grants for the benefit of homeless individuals for provisions relating to alcohol abuse and alcoholism demonstration projects.

1987 Amendments. Subsec. (c). Pub.L. 100–77, § 613(a), added subsec. (c) and redesignated former subsec. (c) as (d).

Subsec. (d). Pub.L. 100–77, § 613(a), (b), redesignated former subsec. (c) as (d), and in subsec. (d) as so redesignated, substituted "subsection (a) or (c)" for "subsection (a)".

Effective and Applicability Provisions

1992 Acts. Amendment by Pub.L. 102–321 effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal year 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and conditions upon which such awards were made, see section

801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of this title.

Prior Provisions

A prior section 506 of Act July 1, 1944, which was originally classified to section 224 of this title, was renumbered section 2106 of Act July 1, 1944, by Pub.L. 98–24 and transferred to section 300aa–5 of this title, renumbered section 2306 of Act July 1, 1944, by Pub.L. 99–660 and transferred to section 300cc–5 of this title, renumbered section 2504 of Act July 1, 1944, by Pub.L. 100–607 and transferred to section 300aaa–3 of this title, and, while set out as section 300aaa–3 of this title, was renumbered section 2604 of Act July 1, 1944, by Pub.L. 100–690, and renumbered section 2704 of Act July 1, 1944, by Pub.L. 101–381.

Another prior section 506 of Act July 1, 1944, which was added by Pub.L. 98–24, § 2(b)(7), Apr. 26, 1983, 97 Stat. 178 and classified to this section, was renumbered section 507 of Act July 1, 1944 by Pub.L. 99–570, Title IV, § 4004(a), Oct. 27, 1986, 100 Stat. 3207–109, and was further renumbered section 504 of Act July 1, 1944 and transferred to section 290aa–3 of this title by Pub.L. 102–321, Title I, § 104(1), July 10, 1992, 106 Stat. 333.

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Key Number System Topic No. 257A.
Social Security and Public Welfare ⟹9.5.
Key Number System Topic No. 356A.
United States ⟹32, 41, 82(2), 85.
Key Number System Topic No. 393.

Encyclopedias

Insane Persons, see C.J.S. § 22.
United States, see C.J.S. §§ 32, 41, 122 to 123.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 290aa–5a. Alcohol and drug prevention or treatment services for Indians and Native Alaskans

(a) In general

The Secretary shall award grants, contracts, or cooperative agreements to public and private nonprofit entities, including Native Alaskan entities and Indian tribes and tribal organizations, for the purpose of providing alcohol and drug prevention or treatment services for Indians and Native Alaskans.

(b) Priority

In awarding grants, contracts, or cooperative agreements under subsection (a), the Secretary shall give priority to applicants that—

(1) propose to provide alcohol and drug prevention or treatment services on reservations;

(2) propose to employ culturally-appropriate approaches, as determined by the Secretary, in providing such services; and

(3) have provided prevention or treatment services to Native Alaskan entities and Indian tribes and tribal organizations for at least 1 year prior to applying for a grant under this section.

(c) Duration

The Secretary shall award grants, contracts, or cooperative agreements under subsection (a) for a period not to exceed 5 years.

(d) Application

An entity desiring a grant, contract, or cooperative agreement under subsection (a) shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may reasonably require.

(e) Evaluation

An entity that receives a grant, contract, or cooperative agreement under subsection (a) shall submit, in the application for such grant, a plan for the evaluation of any project undertaken with funds provided under this section. Such entity shall provide the Secretary with periodic evaluations of the progress of such project and such evaluation at the completion of such project as the Secretary determines to be appropriate. The final evaluation submitted by such entity shall include a recommendation as to whether such project shall continue.

(f) Report

Not later than 3 years after October 17, 2000 and annually thereafter, the Secretary shall prepare and submit, to the Committee on Health, Education, Labor, and Pensions of the Senate, a report describing the services provided pursuant to this section.

(g) Authorization of appropriations

There are authorized to be appropriated to carry out this section, $15,000,000 for fiscal year 2001, and such sums as may be necessary for fiscal years 2002 and 2003.

(July 1, 1944, c. 373, Title V, § 506A, as added Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXIII, § 3306, 114 Stat. 1215.)

LIBRARY REFERENCES

American Digest System

Chemical Dependents ⟹2, 10.
Key Number System Topic No. 76A.
Indians ⟹6(1).
Key Number System Topic No. 209.
United States ⟹32, 41, 82(2), 85.
Key Number System Topic No. 393.

Encyclopedias

Chemical Dependents, see C.J.S. §§ 2, 4, 10 to 11.
Indians, see C.J.S. §§ 30, 38 to 42, 44 to 45, 137 to 153.
United States, see C.J.S. §§ 32, 41, 122 to 123.

§ 290aa–5b. Grants for ecstasy and other club drugs abuse prevention

(a) Authority

The Administrator may make grants to, and enter into contracts and cooperative agreements with, public and nonprofit private entities to enable such entities—

(1) to carry out school-based programs concerning the dangers of the abuse of and addiction to 3,4–methylenedioxy methamphetamine, related drugs, and other drugs commonly referred to as "club drugs" using methods that are effective and science-based, including initiatives that give students the responsibility to create their own anti-drug abuse education programs for their schools; and

(2) to carry out community-based abuse and addiction prevention programs relating to 3,4–methylenedioxy methamphetamine, related drugs, and other club drugs that are effective and science-based.

(b) Use of funds

Amounts made available under a grant, contract or cooperative agreement under subsection (a) shall be used for planning, establishing, or administering prevention programs relating to 3,4–methylenedioxy methamphetamine, related drugs, and other club drugs.

(c) Use of funds

(1) Discretionary functions

Amounts provided to an entity under this section may be used—

(A) to carry out school-based programs that are focused on those districts with high or increasing rates of abuse and addiction to 3,4–methylenedioxy methamphetamine, related drugs, and other club drugs and targeted at populations that are most at risk to start abusing these drugs;

(B) to carry out community-based prevention programs that are focused on those populations within the community that are most at-risk for abuse of and addiction to 3,4–methylenedioxy methamphetamine, related drugs, and other club drugs;

(C) to assist local government entities to conduct appropriate prevention activities relating to 3,4–methylenedioxy methamphetamine, related drugs, and other club drugs;

(D) to train and educate State and local law enforcement officials, prevention and education officials, health professionals, members of community anti-drug coalitions and parents on the signs of abuse of and addiction to 3,4–methylenedioxy methamphetamine, related drugs, and other club drugs and the options for treatment and prevention;

(E) for planning, administration, and educational activities related to the prevention of abuse of and addiction to 3,4–methylenedioxy methamphetamine, related drugs, and other club drugs;

(F) for the monitoring and evaluation of prevention activities relating to 3,4–methylenedioxy methamphetamine, related drugs, and other club drugs and reporting and disseminating resulting information to the public; and

(G) for targeted pilot programs with evaluation components to encourage innovation and experimentation with new methodologies.

(2) Priority

The Administrator shall give priority in awarding grants under this section to rural and urban areas that are experiencing a high rate or rapid increases in abuse and addiction to 3,4–methylenedioxy methamphetamine, related drugs, and other club drugs.

(d) Allocation and report

(1) Prevention program allocation

Not less than $500,000 of the amount appropriated in each fiscal year to carry out this section shall be made available to the Administrator, acting in consultation with other Federal agencies, to support and conduct periodic analyses and evaluations of effective prevention programs for abuse of and addiction to 3,4–methylenedioxy methamphetamine, related drugs, and other club drugs and the development of appropriate strategies for disseminating information about and implementing such programs.

(2) Report

The Administrator shall annually prepare and submit to the Committee on Health, Education, Labor, and Pensions, the Committee on the Judiciary, and the Committee on Appropriations of the Senate, and the Committee on Commerce, the Committee on the Judiciary, and the Committee on Appropriations of the House of Representatives, a report containing the results of the analyses and evaluations conducted under paragraph (1).

(e) Authorization of appropriations

There is authorized to be appropriated to carry out this section—

(1) $10,000,000 for fiscal year 2001; and

(2) such sums as may be necessary for each succeeding fiscal year.

(July 1, 1944, c. 373, Title V, § 506B, as added Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXVI, § 3665(a), 114 Stat. 1244.)

HISTORICAL AND STATUTORY NOTES

Congressional Findings

Pub.L. 106–310, Div. B, Title XXXVI, § 3662, Oct. 17, 2000, 114 Stat. 1241, provided that: "Congress makes the following findings:

"(1) The illegal importation of 3,4–methylenedioxy methamphetamine, commonly referred to as 'MDMA' or 'Ecstasy' (referred to in this subtitle [Subtitle C (§§ 3661 to 3665) of Title XXXVI of Pub.L. 106–310; enacting this section and provisions set out as notes under section 201 of this title and section 994 of Title 28] as 'Ecstasy'), has increased in recent years, as evidenced by the fact that Ecstasy seizures by the United States Customs Service have increased from less than 500,000 tablets during fiscal year 1997 to more than 9,000,000 tablets during the first 9 months of fiscal year 2000.

"(2) Use of Ecstasy can cause long-lasting, and perhaps permanent, damage to the serotonin system of the brain, which is fundamental to the integration of information and emotion, and this damage can cause long-term problems with learning and memory.

"(3) **Due to the popularity and marketability of ecstasy, there are numerous internet websites with information on the effects of ecstasy, the production of ecstasy, and the locations of ecstasy use (often referred to as 'raves'). the availability of this information targets the primary users of ecstasy, who are most often college students, young professionals, and other young people from middle- to high-income families.**

"(4) Greater emphasis needs to be placed on—

"(A) penalties associated with the manufacture, distribution, and use of Ecstasy;

"(B) the education of young people on the negative health effects of Ecstasy, since the reputation of Ecstasy as a 'safe' drug is the most dangerous component of Ecstasy;

"(C) the education of State and local law enforcement agencies regarding the growing

problem of Ecstasy trafficking across the United States;

"(D) reducing the number of deaths caused by Ecstasy use and the combined use of Ecstasy with other 'club' drugs and alcohol; and

"(E) Adequate funding for research by the National institute on drug abuse to—

"(i) identify those most vulnerable to using Ecstasy and develop science- based prevention approaches tailored to the specific needs of individuals at high risk;

"(ii) understand how Ecstasy produces its toxic effects and how to reverse neurotoxic damage;

"(iii) develop treatments, including new medications and behavioral treatment approaches;

"(iv) better understand the effects that Ecstasy has on the developing children and adolescents; and

"(v) translate research findings into useful tools and ensure their effective dissemination."

§ 290aa–6. Transferred

HISTORICAL AND STATUTORY NOTES

Codifications

Section, Act July 1, 1944, c. 373, Title V, § 508, as added Oct. 27, 1986, Pub.L. 99–570, Title IV, § 4005(a), 100 Stat. 3207–111, and amended Nov. 18, 1988, Pub.L. 100–690, Title II, § 2051(a)–(c), 102 Stat. 4206; Aug. 16, 1989, Pub.L. 101–93, § 3(a), 103 Stat. 609; Nov. 29, 1990, Pub.L. 101–647, Title XIX, § 1906, 104 Stat. 4854, relating to Office for Substance Abuse Prevention, was renumbered section 515 of Act July 1, 1944, transferred to section 290bb–21 of this title, and amended by Pub.L. 102–321, Title I, § 113(b)–(e), July 10, 1992, 106 Stat. 345.

§ 290aa–7. Transferred

HISTORICAL AND STATUTORY NOTES

Codifications

Section, Act July 1, 1944, c. 373, Title V, § 509, as added Oct. 27, 1986, Pub.L. 99–570, Title IV, § 4005(a), 100 Stat. 3207–112, relating to Alcohol and Drug Abuse Information Clearinghouse, was renumbered section 516 of Act July 1, 1944, transferred to section 290bb–22 of this title, and amended by Pub.L. 102–321, Title I, § 113(f), July 10, 1992, 106 Stat. 345.

§ 290aa–8. Transferred

HISTORICAL AND STATUTORY NOTES

Codifications

Section, Act July 1, 1944, c. 373, Title V, § 509A, as added Oct. 27, 1986, Pub.L.99–570, Title IV, § 4005(a), 100 Stat. 3207–113, and amended Nov. 18, 1988, Pub.L. 100–690, Title II, § 2051(d), 102 Stat. 4206, which related to prevention, treatment, and rehabilitation model projects for high risk youth, was renumbered section 517 of Act July 1, 1944, transferred to section 290bb–23 of this title, and amended by Pub.L. 102–321, Title I, § 114, July 10, 1992, 106 Stat. 346.

§§ 290aa–9, 290aa–10. Repealed. Pub.L. 102–321, Title I, § 120(a), July 10, 1992, 106 Stat. 358

HISTORICAL AND STATUTORY NOTES

Section 290aa–9, Act July 1, 1944, c. 373, Title V, § 509B, as added Oct. 27, 1986, Pub.L. 99–570, Title IV, § 4006, 100 Stat. 3207–114, and amended Pub.L. 102–531, Title III, § 312(d)(11), Oct. 27, 1992, 106 Stat. 3505, related to research on public health emergencies.

Section 290aa–10, Act July 1, 1944, c. 373, Title V, § 509C, as added Oct. 27,1986, Pub.L. 99–570, Title IV, § 420 [4020], 100 Stat. 3207–122, related to animals in research.

Effective Date of Repeal

Repeal effective Oct. 1, 1992, with programs making awards providing financial assistance prior to such date to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d)(2)(A) of Pub.L. 102–321, set out as a note under section 236 of this title.

§ 290aa–11. Transferred

HISTORICAL AND STATUTORY NOTES

Codifications

Section, Act July 1, 1944, c. 373, Title V, § 509D, as added Nov. 18, 1988, Pub.L. 100–690, Title II, § 2052(a), 102 Stat. 4207, and amended Aug. 16, 1989, Pub.L. 101–93, § 3(b), 103 Stat. 609, which related to collection of data on mental illness and substance abuse, was renumbered section 505 of Act July 1, 1944 and transferred to section 290aa–4 of this title by Pub.L. 102–321, Title I, § 105, July 10, 1992, 106 Stat. 334.

§§ 290aa-12 to 290aa-14. Repealed. Pub.L. 102-321, Title I, § 120(a), July 10, 1992, 106 Stat. 358

HISTORICAL AND STATUTORY NOTES

Section 290aa-12, Act July 1, 1944, c. 373, Title V, § 509E, as added Nov. 18, 1988, Pub.L. 100-690, Title II, § 2053, 102 Stat. 4208, and amended Aug. 16, 1989, Pub.L. 101-93, § 3(c), 103 Stat. 610; Aug. 15, 1990, Pub.L. 101-374, § 2(a)-(c), 104 Stat. 456, related to reduction of waiting period for drug abuse treatment.

Section 290aa-13, Act July 1, 1944, c. 373, Title V, § 509F, as added Nov. 18, 1988, Pub.L. 100-690, Title II, § 2054, 102 Stat. 4209, related to model projects for prevention, education, and treatment regarding drug and alcohol abuse among pregnant and postpartum women and their infants.

Section 290aa-14, Act July 1, 1944, c. 373, Title V, § 509G, as added Nov. 18, 1988, Pub.L. 100-690, Title II, § 2055, 102 Stat. 4210, and amended Aug. 16, 1989, Pub.L. 101-93, § 3(d), 103 Stat. 610, related to drug abuse demonstration projects of national significance.

Effective Date of Repeal

Repeal effective Oct. 1, 1992, with programs making awards providing financial assistance prior to such date to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d)(2)(A) of Pub.L. 102-321, set out as a note under section 236 of this title.

PART B—CENTERS AND PROGRAMS

HISTORICAL AND STATUTORY NOTES

Amendments

1992 Amendments. Heading. Pub.L. 102-321, Title I, § 107, July 10, 1992, 106 Stat. 335, substituted "Centers and Programs" for "Research".

Subpart 1—Center for Substance Abuse Treatment

HISTORICAL AND STATUTORY NOTES

Amendments

1992 Amendments. Heading. Pub.L. 102-321, Title I, § 107, July 10, 1992, 106 Stat. 335, substituted "Center for Substance Abuse Treatment" for "Alcohol Abuse and Alcoholism".

§ 290bb. Center for Substance Abuse Treatment

(a) Establishment

There is established in the Administration a Center for Substance Abuse Treatment (hereafter in this section referred to as the "Center"). The Center shall be headed by a Director (hereafter in this section referred to as the "Director") appointed by the Secretary from among individuals with extensive experience or academic qualifications in the treatment of substance abuse or in the evaluation of substance abuse treatment systems.

(b) Duties

The Director of the Center shall—

(1) administer the substance abuse treatment block grant program authorized in section 300x-21;

(2) ensure that emphasis is placed on children and adolescents in the development of treatment programs;

(3) collaborate with the Attorney General to develop programs to provide substance abuse treatment services to individuals who have had contact with the Justice system, especially adolescents;

(4) collaborate with the Director of the Center for Substance Abuse Prevention in order to provide outreach services to identify individuals in need of treatment services, with emphasis on the provision of such services to pregnant and postpartum women and their infants and to individuals who abuse drugs intravenously;

(5) collaborate with the Director of the National Institute on Drug Abuse, with the Director of the National Institute on Alcohol Abuse and Alcoholism, and with the States to promote the study, dissemination, and implementation of research findings that will improve the delivery and effectiveness of treatment services;

(6) collaborate with the Administrator of the Health Resources and Services Administration and the Administrator of the Health Care Financing Administration

to promote the increased integration into the mainstream of the health care system of the United States of programs for providing treatment services;

(7) evaluate plans submitted by the States pursuant to section 300x–32(a)(6) of this title in order to determine whether the plans adequately provide for the availability, allocation, and effectiveness of treatment services;

(8) sponsor regional workshops on improving the quality and availability of treatment services;

(9) provide technical assistance to public and nonprofit private entities that provide treatment services, including technical assistance with respect to the process of submitting to the Director applications for any program of grants or contracts carried out by the Director;

(10) encourage the States to expand the availability (relative to fiscal year 1992) of programs providing treatment services through self-run, self-supported recovery based on the programs of housing operated pursuant to section 300x–25 of this title;

(11) carry out activities to educate individuals on the need for establishing treatment facilities within their communities;

(12) encourage public and private entities that provide health insurance to provide benefits for outpatient treatment services and other nonhospital-based treatment services;

(13) evaluate treatment programs to determine the quality and appropriateness of various forms of treatment, which shall be carried out through grants, contracts, or cooperative agreements provided to public or non-profit private entities; and

(14) in carrying out paragraph (13), assess the quality, appropriateness, and costs of various treatment forms for specific patient groups.

(c) Grants and contracts

In carrying out the duties established in subsection (b) of this section, the Director may make grants to and enter into contracts and cooperative agreements with public and nonprofit private entities.

(July 1, 1944, c. 373, Title V, § 507, as added July 10, 1992, Pub.L. 102–321, Title I, § 107(2), 106 Stat. 335, and amended Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXI, § 3112(a), 114 Stat. 1188.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

Amendments

2000 Amendments. Subsec. (b)(2). Pub.L. 106–310, § 3112(a)(1), (2), added par. (2) and redesignated former par. (2) as (4).

Subsec. (b)(3). Pub.L. 106–310, § 3112(a)(1), (2), added par. (3) and redesignated former par. (3) as (5).

Subsec. (b)(4). Pub.L. 106–310, § 3112(a)(1), redesignated former par. (2) as (4). Former par. (4) redesignated (6).

Subsec. (b)(5). Pub.L. 106–310, § 3112(a)(1), redesignated former par. (3) as (5). Former par. (5) redesignated (7).

Subsec. (b)(6). Pub.L. 106–310, § 3112(a)(1), redesignated former par. (4) as (6). Former par. (6) redesignated (8).

Subsec. (7). Pub.L. 106–310, § 3112(a)(1), (3), redesignated former par. (5) as (7) and, as so redesignated, substituted "treatment services" for "treatment services, and monitor the use of revolving loan funds pursuant to section 300x–25 of this title". Former par. (7) redesignated (9).

Subsec. (b)(8). Pub.L. 106–310, § 3112(a)(1), redesignated former par. (6) as (8). Former par. (8) redesignated (10).

Subsec. (b)(9). Pub.L. 106–310, § 3112(a)(1), redesignated former par. (7) as (9). Former par. (9) redesignated (11).

Subsec. (b)(10). Pub.L. 106–310, § 3112(a)(1), redesignated former par. (8) as (10). Former par. (10) redesignated (12).

Subsec. (b)(11). Pub.L. 106–310, § 3112(a)(1), redesignated former par. (9) as (11). Former par. (11) redesignated (13).

Subsec. (b)(12). Pub.L. 106–310, § 3112(a)(1), redesignated former par. (10) as (12). Former par. (12) redesignated (14).

Subsec. (b)(13). Pub.L. 106–310, § 3112(a)(1), (4), redesignated former par. (11) as (13) and, as so redesignated, substituted "treatment, which shall" for "treatment, including the effect of living in housing provided by programs established under section 300x–25 of this title, which shall".

Subsec. (b)(14). Pub.L. 106–310, § 3112(a)(1), (5), redesignated former par. (12) as (14) and, as so redesignated, substituted "paragraph (13)" for "paragraph (11)".

Effective and Applicability Provisions

1992 Acts. Section effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal year 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and

conditions upon which such awards were made, see section 801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of this title.

Prior Provisions

A prior section 507, formerly section 506, of Act July 1, 1944, as added by Pub.L. 98–24, § 2(b)(7), Apr. 26, 1983, 97 Stat. 178, and classified to section 290aa–5 of this title, was renumbered section 507 of Act July 1, 1944 by Pub.L. 99–570, Title IV, § 4004(a), Oct. 27, 1986, 100 Stat. 3207–109, and was further renumbered section 504 of Act July 1, 1944, and transferred to section 290aa–3 of this title by Pub.L. 102–321, Title I, § 104(1), July 10, 1992, 106 Stat. 333.

A prior section 290bb, Act July 1, 1944, c. 373, Title V, § 510, formerly Pub.L. 91–616, Title V, § 501, as added Pub.L. 94–371, § 7, July 26, 1976, 90 Stat. 1038 (and classified to section 4585 of this title), and amended Pub.L. 95–622, Title II, § 268(c), (d), Nov. 9, 1978, 92 Stat. 3437; Pub.L. 96–180, § 14, Jan. 2, 1980, 93 Stat. 1305; renumbered § 510 (and transferred to this section) and amended Apr. 26, 1983, Pub.L. 98–24, § 2(b)(9), 97 Stat. 179; Oct. 19, 1984, Pub.L. 98–509, Title II, §§ 205(a)(1), 206(c)(1), 98 Stat. 2361, 2362, relating to the encouragement of research by the National Institute on Alcohol Abuse and Alcoholism, was terminated by section 122(b)(1) of Pub.L. 102–321 as follows: subsec. (a) was repealed and subsec. (b) was renumbered section 464H(b) of Act July 1, 1944, and transferred to section 285n of this title.

LIBRARY REFERENCES

American Digest System

Chemical Dependents ⟹10.
Key Number System Topic No. 76A.

Encyclopedias

Chemical Dependents, see C.J.S. § 10.

Drugs and Controlled Substances, 25 Am. Jur. 2d § 250.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 290bb–1. Residential treatment programs for pregnant and postpartum women

(a) In general

The Director of the Center for Substance Abuse Treatment shall provide awards of grants, cooperative agreement, or contracts to public and nonprofit private entities for the purpose of providing to pregnant and postpartum women treatment for substance abuse through programs in which, during the course of receiving treatment—

(1) the women reside in facilities provided by the programs;

(2) the minor children of the women reside with the women in such facilities, if the women so request; and

(3) the services described in subsection (d) of this section are available to or on behalf of the women.

(b) Availability of services for each participant

A funding agreement for an award under subsection (a) of this section for an applicant is that, in the program operated pursuant to such subsection—

(1) treatment services and each supplemental service will be available through the applicant, either directly or through agreements with other public or nonprofit private entities; and

(2) the services will be made available to each woman admitted to the program.

(c) Individualized plan of services

A funding agreement for an award under subsection (a) of this section for an applicant is that—

(1) in providing authorized services for an eligible woman pursuant to such subsection, the applicant will, in consultation with the women, prepare an individualized plan for the provision to the woman of the services; and

(2) treatment services under the plan will include—

(A) individual, group, and family counseling, as appropriate, regarding substance abuse; and

(B) follow-up services to assist the woman in preventing a relapse into such abuse.

(d) Required supplemental services

In the case of an eligible woman, the services referred to in subsection (a)(3) of this section are as follows:

(1) Prenatal and postpartum health care.

(2) Referrals for necessary hospital services.

(3) For the infants and children of the woman—

(A) pediatric health care, including treatment for any perinatal effects of maternal substance abuse and including screenings regarding the physical and mental development of the infants and children;

(B) counseling and other mental health services, in the case of children; and

(C) comprehensive social services.

(4) Providing supervision of children during periods in which the woman is engaged in therapy or in other necessary health or rehabilitative activities.

(5) Training in parenting.

(6) Counseling on the human immunodeficiency virus and on acquired immune deficiency syndrome.

(7) Counseling on domestic violence and sexual abuse.

(8) Counseling on obtaining employment, including the importance of graduating from a secondary school.

(9) Reasonable efforts to preserve and support the family units of the women, including promoting the appropriate involvement of parents and others, and counseling the children of the women.

(10) Planning for and counseling to assist reentry into society, both before and after discharge, including referrals to any public or nonprofit private entities in the community involved that provide services appropriate for the women and the children of the women.

(11) Case management services, including—

(A) assessing the extent to which authorized services are appropriate for the women and their children;

(B) in the case of the services that are appropriate, ensuring that the services are provided in a coordinated manner; and

(C) assistance in establishing eligibility for assistance under Federal, State, and local programs providing health services, mental health services, housing services, employment services, educational services, or social services.

(e) Minimum qualifications for receipt of award

(1) Certification by relevant State agency

With respect to the principal agency of the State involved that administers programs relating to substance abuse, the Director may make an award under subsection (a) of this section to an applicant only if the agency has certified to the Director that—

(A) the applicant has the capacity to carry out a program described in subsection (a) of this section;

(B) the plans of the applicant for such a program are consistent with the policies of such agency regarding the treatment of substance abuse; and

(C) the applicant, or any entity through which the applicant will provide authorized services, meets all applicable State licensure or certification requirements regarding the provision of the services involved.

(2) Status as Medicaid provider

(A) Subject to subparagraphs (B) and (C), the Director may make an award under subsection (a) of this section only if, in the case of any authorized service that is available pursuant to the State plan approved under subchapter XIX of chapter 7 of this title [42 U.S.C.A. § 1396 et seq.] for the State involved—

(i) the applicant for the award will provide the service directly, and the applicant has entered into a participation agreement under the State plan and is qualified to receive payments under such plan; or

(ii) the applicant will enter into an agreement with a public or nonprofit private entity under which the entity will provide the service, and the entity has entered into such a participation agreement plan and is qualified to receive such payments.

(B)(i) In the case of an entity making an agreement pursuant to subparagraph (A)(ii) regarding the provision of services, the requirement established in such subparagraph regarding a participation agreement shall be waived by the Director if the entity does not, in providing health care services, impose a charge or accept reimbursement available from any third-party payor, including reimbursement under any insurance policy or under any Federal or State health benefits plan.

(ii) A determination by the Director of whether an entity referred to in clause (i) meets the criteria for a waiver under such clause shall be made without regard to whether the entity accepts voluntary donations regarding the provision of services to the public.

(C) With respect to any authorized service that is available pursuant to the State plan described in subparagraph (A), the requirements established in such subparagraph shall not apply to the provision of any such service by an institution for mental diseases to an individual who has attained 21 years of age and who has not attained 65 years of age. For purposes of the preceding sentence, the term "institution for mental diseases" has the meaning given such term in section 1396d(i) of this title.

(f) Requirement of matching funds

(1) In general

With respect to the costs of the program to be carried out by an applicant pursuant to subsection (a) of this section, a funding agreement for an award under such subsection is that the applicant will make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that—

(A) for the first fiscal year for which the applicant receives payments under an award under such subsection, is not less than $1 for each $9 of Federal funds provided in the award;

(B) for any second such fiscal year, is not less than $1 for each $9 of Federal funds provided in the award; and

(C) for any subsequent such fiscal year, is not less than $1 for each $3 of Federal funds provided in the award.

(2) Determination of amount contributed

Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

(g) Outreach

A funding agreement for an award under subsection (a) of this section for an applicant is that the applicant will provide outreach services in the community involved to identify women who are engaging in substance abuse and to encourage the women to undergo treatment for such abuse.

(h) Accessibility of program; cultural context of services

A funding agreement for an award under subsection (a) of this section for an applicant is that—

(1) the program operated pursuant to such subsection will be operated at a location that is accessible to low-income pregnant and postpartum women; and

(2) authorized services will be provided in the language and the cultural context that is most appropriate.

(i) Continuing education

A funding agreement for an award under subsection (a) of this section is that the applicant involved will provide for continuing education in treatment services for the individuals who will provide treatment in the program to be operated by the applicant pursuant to such subsection.

(j) Imposition of charges

A funding agreement for an award under subsection (a) of this section for an applicant is that, if a charge is imposed for the provision of authorized services to on behalf of an eligible woman, such charge—

(1) will be made according to a schedule of charges that is made available to the public;

(2) will be adjusted to reflect the income of the woman involved; and

(3) will not be imposed on any such woman with an income of less than 185 percent of the official poverty line, as established by the Director of the Office for Management and Budget and revised by the Secretary in accordance with section 9902(2) of this title.

(k) Reports to Director

A funding agreement for an award under subsection (a) of this section is that the applicant involved will submit to the Director a report—

(1) describing the utilization and costs of services provided under the award;

(2) specifying the number of women served, the number of infants served, and the type and costs of services provided; and

(3) providing such other information as the Director determines to be appropriate.

(*l*) Requirement of application

The Director may make an award under subsection (a) of this section only if an application for the award is submitted to the Director containing such agreements, and the application is in such form, is made in such manner, and contains such other agreements and such assurances and information as the Director determines to be necessary to carry out this section.

(m) Equitable allocation of awards

In making awards under subsection (a) of this section, the Director shall ensure that the awards are equitably allocated among the principal geographic regions of the United States, subject to the availability of qualified applicants for the awards.

(n) Duration of award

The period during which payments are made to an entity from an award under subsection (a) of this section may not exceed 5 years. The provision of such payments shall be subject to annual approval by the Director of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments. This subsection may not be construed to establish a limitation on the number of awards under such subsection that may be made to an entity.

(*o*) Evaluations; Dissemination of findings

The Director shall, directly or through contract, provide for the conduct of evaluations of programs carried out pursuant to subsection (a) of this section. The Director shall disseminate to the States the findings made as a result of the evaluations.

(p) Reports to Congress

Not later than October 1, 1994, the Director shall submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report describing programs carried out pursuant to this section. Every 2 years thereafter, the Director shall prepare a report describing such programs carried out during the preceding 2 years, and shall submit the report to the Administrator for inclusion in the biennial report under section 290aa(k) of this title. Each report under this subsection shall include a summary of any evaluations conducted

under subsection (m) of this section during the period with respect to which the report is prepared.

(q) Definitions

For purposes of this section:

(1) The term "authorized services" means treatment services and supplemental services.

(2) The term "eligible woman" means a woman who has been admitted to a program operated pursuant to subsection (a) of this section.

(3) The term "funding agreement under subsection (a) of this section", with respect to an award under subsection (a) of this section, means that the Director may make the award only if the applicant makes the agreement involved.

(4) The term "treatment services" means treatment for substance abuse, including the counseling and services described in subsection (c)(2) of this section.

(5) The term "supplemental services" means the services described in subsection (d) of this section.

(r) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary to fiscal years 2001 through 2003.

(July 1, 1944, c. 373, Title V, § 508, as added July 10, 1992, Pub.L. 102–321, Title I, § 108(a), 106 Stat. 336, and amended Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXIII, § 3301(a), 114 Stat. 1207.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

Amendments

2000 Amendments. Subsec. (r). Pub.L. 106–310, § 3301(a), rewrote subsec. (r), which formerly read:

"(r) Authorization of appropriations

"(1) In general

"For the purpose of carrying out this section and section 290bb–2 of this title, there are authorized to be appropriated $100,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.

"(2) Transfer

"For the purpose described in paragraph (1), in addition to the amounts authorized in such paragraph to be appropriated for a fiscal year, there is authorized to be appropriated for the fiscal year from the special forfeiture fund of the Director of the Office of National Drug Control Policy such sums as may be necessary.

"(3) Rule of construction

"The amounts authorized in this subsection to be appropriated are in addition to any other amounts that are authorized to be appropriated and are available for the purpose described in paragraph (1)."

Effective and Applicability Provisions

1992 Acts. Section effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal year 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of this title.

Change of Name

Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.

Prior Provisions

A prior section 508 of Act July 1, 1944, as added Oct. 27, 1986, Pub.L. 99–570, Title IV, § 4005(a), 100 Stat. 3207–111, formerly classified to section 290aa–6 of this title, was renumbered section 515 of Act July 1, 1944 and transferred to section 290bb–21 of this title by Pub.L. 102–321, Title I, § 113(b), July 10, 1992, 106 Stat. 345.

A prior section 290bb–1, Act July 1, 1944, c. 373, Title V, § 511, formerly Pub.L. 91–616, Title V, § 503, formerly § 504, as added Pub.L.

94–371, § 7, July 26, 1976, 90 Stat. 1039 and classified to section 4587 of this title; amended Pub.L. 95–622, Title I, § 110(d), Nov. 9, 1978, 92 Stat. 3420; Pub.L. 96–180, § 16, Jan. 2, 1980, 93 Stat. 1305; renumbered § 503 of Pub.L. 91–616 and amended Pub.L. 97–35, Title IX, § 965(b), (c), Aug. 13, 1981, 95 Stat. 594; renumbered § 511 of Act July 1, 1944, transferred to this section, and amended Apr. 26, 1983, Pub.L. 98–24, § 2(b)(9), 97 Stat. 179; Oct. 27, 1986, Pub.L. 99–570, Title IV, § 4008, 100 Stat. 3207–115, relating to National Alcohol Research Centers and mandatory grant for research of effects of alcohol on elderly, was renumbered section 464J of Act July 1, 1944 and transferred to section 285n–2 of this title by section 122(d)(1) of Pub.L. 102–321.

Transitional and Savings Provisions

Section 108(b) of Pub.L. 102–321 provided that:

"(1) Savings provision for completion of current projects.—

"(A) Subject to paragraph (2), in the case of any project for which a grant under former section 509F [former section 290aa-13 of this title] was provided for fiscal year 1992, the Secretary of Health and Human Services may continue in effect the grant for fiscal year 1993 and subsequent fiscal years, subject to the duration of any such grant not exceeding the period determined by the Secretary in first approving the grant. Subject to approval by the Administrator, such grants may be administered by the Center for Substance Abuse Prevention.

"(B) Subparagraph (A) shall apply with respect to a project notwithstanding that the project is not eligible to receive a grant under current section 508 or 509 [this section and section 290bb–2 of this title].

"(2) Limitation on funding for certain projects.—With respect to the amounts appropriated for any fiscal year under current section 508 [this section], any such amounts appropriated in excess of the amount appropriated for fiscal year 1992 under former section 509F [former section 290aa–13 of this title] shall be available only for grants under current section 508 [this section].

"(3) Definitions.—For purposes of this subsection:

"(A) The term 'former section 509F' means section 509F of the Public Health Service Act, as in effect for fiscal year 1992 [former section 290aa–13 of this title].

"(B) The term 'current section 508' means section 508 of the Public Health Service Act, as in effect for fiscal year 1993 and subsequent fiscal years [this section].

"(C) The term 'current section 509' means section 509 of the Public Health Service Act, as in effect for fiscal year 1993 and subsequent fiscal years [section 290bb–2 of this title]."

LIBRARY REFERENCES

American Digest System

Chemical Dependents ⟹10, 22.
Key Number System Topic No. 76A.

Encyclopedias

Chemical Dependents, see C.J.S. §§ 10, 17.

Drugs and Controlled Substances, 25 Am. Jur. 2d § 250.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 290bb–1a. Transferred

HISTORICAL AND STATUTORY NOTES

Codifications

Section, Act July 1, 1944, c. 373, Title V, § 512, as added Oct. 19, 1984, Pub.L. 98–509, Title II, § 206(a), 98 Stat. 2361, and amended July 22, 1987, Pub.L. 100–77, Title VI, § 613(a), (b), 101 Stat. 524, which related to alcohol abuse and alcoholism demonstration projects, was renumbered section 506 of Act July 1, 1944, transferred to section 290aa–5 of this title, and amended by Pub.L. 102–321, Title I, § 106, July 10, 1992, 106 Stat. 334.

§ 290bb–2. Priority substance abuse treatment needs of regional and National significance

(a) Projects

The Secretary shall address priority substance abuse treatment needs of regional and national significance (as determined under subsection (b)) through the provision of or through assistance for—

(1) knowledge development and application projects for treatment and rehabilitation and the conduct or support of evaluations of such projects;

(2) training and technical assistance; and

(3) targeted capacity response programs.

The Secretary may carry out the activities described in this section directly or through grants or cooperative agreements with States, political subdivisions of States, Indian tribes and tribal organizations, other public or nonprofit private entities.

(b) Priority substance abuse treatment needs

(1) In general

Priority substance abuse treatment needs of regional and national significance shall be determined by the Secretary after consultation with States and other interested groups. The Secretary shall meet with the States and interested groups on an annual basis to discuss program priorities.

(2) Special consideration

In developing program priorities under paragraph (1), the Secretary shall give special consideration to promoting the integration of substance abuse treatment services into primary health care systems.

(c) Requirements

(1) In general

Recipients of grants, contracts, or cooperative agreements under this section shall comply with information and application requirements determined appropriate by the Secretary.

(2) Duration of award

With respect to a grant, contract, or cooperative agreement awarded under this section, the period during which payments under such award are made to the recipient may not exceed 5 years.

(3) Matching funds

The Secretary may, for projects carried out under subsection (a), require that entities that apply for grants, contracts, or cooperative agreements under that project provide non-Federal matching funds, as determined appropriate by the Secretary, to ensure the institutional commitment of the entity to the projects funded under the grant, contract, or cooperative agreement. Such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment, or services.

(4) Maintenance of effort

With respect to activities for which a grant, contract, or cooperative agreement is awarded under this section, the Secretary may require that recipients for specific projects under subsection (a) agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives such a grant, contract, or cooperative agreement.

(d) Evaluation

The Secretary shall evaluate each project carried out under subsection (a)(1) and shall disseminate the findings with respect to each such evaluation to appropriate public and private entities.

(e) Information and education

The Secretary shall establish comprehensive information and education programs to disseminate and apply the findings of the knowledge development and application, training and technical assistance programs, and targeted capacity response programs under this section to the general public, to health professionals and other interested groups. The Secretary shall make every effort to provide linkages between the findings of supported projects and State agencies responsible for carrying out substance abuse prevention and treatment programs.

(f) Authorization of appropriation

There are authorized to be appropriated to carry out this section, $300,000,000 for fiscal year 2001 and such sums as may be necessary for each of the fiscal years 2002 and 2003.

(July 1, 1944, c. 373, Title V, § 509, as added July 10, 1992, Pub.L. 102–321, Title I, § 108(a), 106 Stat. 341, and amended Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXIII, § 3301(b), 114 Stat. 1207.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

Amendments

2000 Amendments. Pub.L. 106–310, § 3301(b), rewrote this section, which formerly read:

"§ 290bb–2. Outpatient treatment programs for pregnant and postpartum women

"(a) Grants

"The Secretary, acting through the Director of the Treatment Center, shall make grants to establish projects for the outpatient treatment of substance abuse among pregnant and postpartum women, and in the case of conditions arising in the infants of such women as a result of such abuse by the women, the outpatient treatment of the infants for such conditions.

"(b) Prevention

"Entities receiving grants under this section shall engage in activities to prevent substance abuse among pregnant and postpartum women.

"(c) Evaluation

"The Secretary shall evaluate projects carried out under subsection (a) of this section and shall disseminate to appropriate public and private entities information on effective projects.".

Effective and Applicability Provisions

1992 Acts. Section effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal year 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of this title.

Prior Provisions

A prior section 509 of Act July 1, 1944, as added Oct. 27, 1986, Pub.L. 97–570, Title IV, § 4005(a), 100 Stat. 3207–112, formerly classified to section 290aa–7 of this title, was renumbered section 516 of Act July 1, 1944, transferred to section 290bb–22 of this title, and amended by Pub.L. 102–321, Title I, § 113(f), July 10, 1992, 106 Stat. 345.

A prior section 290bb–2, Act July 1, 1944, c. 373, Title V, § 513, formerly § 512, formerly Pub.L. 91–616, Title V, § 504, formerly § 503, as added Pub.L. 94–371, § 7, July 26, 1976, 90 Stat. 1039 and classified to section 4588 of this title; amended Pub.L. 96–180, § 15, Jan. 2, 1980, 93 Stat. 1305; renumbered § 504 of Pub.L. 91–616 and amended Pub.L. 97–35, Title IX, § 965(a), (c), Aug. 13, 1981, 95 Stat. 594; Pub.L. 97–414, § 9(e), Jan. 4, 1983, 96 Stat. 2064; renumbered § 512 of Act July 1, 1944, transferred to this section, and amended Apr. 26, 1983, Pub.L. 98–24, § 2(b)(9), 97 Stat. 179; renumbered § 513 of Act July 1, 1944, and amended Oct. 19, 1984, Pub.L. 98–509, Title II, §§ 206(a), 207(a), 98 Stat. 2361, 2362; Oct. 27, 1986, Pub.L. 99–570, Title IV, § 4010(a), 100 Stat. 3207–115; July 22, 1987, Pub.L. 100–77, Title VI, § 613(c), 101 Stat. 524; Nov. 4, 1988, Pub.L. 100–607, Title VIII, § 822, 102 Stat. 3171; Nov. 7, 1988, Pub.L. 100–628, Title VI, § 622, 102 Stat. 3244; Nov. 18, 1988, Pub.L. 100–690, Title II, § 2056(a), 102 Stat. 4211; Aug. 16, 1989, Pub.L. 101–93, § 5(t)(1), 103 Stat. 615; Nov. 29, 1990, Pub.L. 101–645, Title V, § 522, 104 Stat. 4734, authorizing appropriations, was repealed by section 122(d) of Pub.L. 102–321.

LIBRARY REFERENCES

American Digest System

Chemical Dependents ⟹2, 10.
Key Number System Topic No. 76A.
Indians ⟹6(1).
Key Number System Topic No. 209.
United States ⟹32, 41, 82(2), 85.
Key Number System Topic No. 393.

Encyclopedias

Chemical Dependents, see C.J.S. §§ 2, 4, 10 to 11.

Indians, see C.J.S. §§ 30, 38 to 42, 44 to 45, 137 to 153.

United States, see C.J.S. §§ 32, 41, 122 to 123.

§ 290bb–3. Repealed. Pub.L. 106–310, Div. B, Title XXXIII, § 3301(c)(1), Oct. 17, 2000, 114 Stat. 1209

HISTORICAL AND STATUTORY NOTES

Section, July 1, 1944, c. 373, Title V, § 510, as added July 10, 1992, Pub.L. 102–321, Title I, § 109, 106 Stat. 342, related to demonstration projects of national significance.

Prior Provisions

A prior section 510 of Act July 1, 1944, which was originally classified to section 228 of this title, was renumbered section 2110 of Act July 1, 1944 by Pub.L. 98–24 and transferred to section

300aa–9 of this title; renumbered section 2310 of Act July 1, 1944 by Pub.L. 99–660 and transferred to section 300cc–9 of this title; renumbered section 2508 of Act July 1, 1944 by Pub.L. 100–607 and transferred to section 300aaa–7 of this title, and, while still set out as section 300aaa–7 of this title, was renumbered section 2608 of Act July 1, 1944 by Pub.L. 100–690, and thereafter renumbered section 2708 of Act July 1, 1944 by Pub.L. 101–381.

Another prior section 510 of Act July 1, 1944, formerly Pub.L. 91–616, Title V, § 501, as added Pub.L. 94–371, § 7, July 26, 1976, 90 Stat. 1038 and classified to section 4585 of this title; renumbered section 510 of Act July 1, 1944 and transferred to section 290bb of this title by Pub.L. 98–24, § 2(b)(9), Apr. 26, 1983, 97 Stat. 179, and terminated by section 122(b)(1) of Pub.L. 102–321 as follows: subsec. (a) was repealed and subsec. (b) was renumbered section 464H(b) of Act July 1, 1944 and transferred to section 285n(b) of this title.

§ 290bb–4. Repealed. Pub.L. 106–310, Div. B, Title XXXIII, § 3301(c)(2), Oct. 17, 2000, 114 Stat. 1209

HISTORICAL AND STATUTORY NOTES

Section, July 1, 1944, c. 373, Title V, § 511, as added July 10, 1992, Pub.L. 102–321, Title I, § 110, 106 Stat. 343, related to grants for substance abuse treatment in State and local criminal justice systems.

Prior Provisions

A prior section 511 of Act July 1, 1944, which was originally classified to section 229 of this title; renumbered section 2111 of Act July 1, 1944 by Pub.L. 98–24 and transferred to section 300aa–10 of this title; renumbered section 2311 of Act July 1, 1944 by Pub.L. 99–660 and transferred to section 300cc–10 of this title; renumbered section 2509 of Act July 1, 1944 by Pub.L. 100–607 and transferred to section 300aaa–8 of this title, and, while set out as section 300aaa–8 of this title, was renumbered section 2609 of Act July 1, 1944 by Pub.L. 100–690, and thereafter renumbered section 2709 of Act July 1, 1944 by Pub.L. 101–381.

Another prior section 511 of Act July 1, 1944, formerly Pub.L. 91–616, Title V, § 503, formerly § 504, as added Pub.L. 94–371, § 7, July 26, 1976, 90 Stat. 1039 and classified to section 4587 of this title; renumbered section 503 of Pub.L. 91–616 by Pub.L. 97–35, Title IX, § 965(c), Aug. 13, 1981, 95 Stat. 594; renumbered section 511 of Act July 1, 1944 and transferred to section 290bb–1 of this title by Pub.L. 98–24, § 2(b)(9), Apr. 26, 1983, 97 Stat. 179; renumbered section 464J of Act July 1, 1944 and transferred to section 285n–2 of this title by Pub.L. 102–321, Title I, § 122(d)(1), July 10, 1992, 106 Stat. 360.

§ 290bb–5. Repealed. Pub.L. 106–310, Div. B, Title XXXIII, § 3301(c)(3), Oct. 17, 2000, 114 Stat. 1209

HISTORICAL AND STATUTORY NOTES

Section, July 1, 1944, c. 373, Title V, § 512, as added July 10, 1992, Pub.L. 102–321, Title I, § 111, 106 Stat. 344, related to training in provision of treatment services.

Prior Provisions

A prior section 512 of Act July 1, 1944, which was originally classified to section 229a of this title, was renumbered section 2112 of Act July 1, 1944, by Pub.L. 98–24 and transferred to section 300aa–11 of this title; renumbered section 2312 of Act July 1, 1944 by Pub.L. 99–660 and transferred to section 300cc–11 of this title; renumbered section 2510 of Act July 1, 1944 by Pub.L. 100–607 and transferred to section 300aaa–9 of this title, and, while set out as section 300aaa–9 of this title, was renumbered section 2610 of Act July 1, 1944 by Pub.L. 100–690, and thereafter renumbered section 2710 of Act July 1, 1944 by Pub.L. 101–381.

Another prior section 512 of Act July 1, 1944, formerly Pub.L. 91–616, Title V, § 504, formerly § 503, as added Pub.L. 94–371, § 7, July 26, 1976, 90 Stat. 1039 and classified to section 4588 of this title; renumbered section 504 of Pub.L. 91–616 by Pub.L. 97–35, Title IX, § 965(c), Aug. 13, 1981, 95 Stat. 594; renumbered section 512 of Act July 1, 1944 and transferred to section 290bb–2 of this title by Pub.L. 98–24, § 2(b)(9), Apr. 26, 1983, 97 Stat. 179; renumbered section 513 of Act July 1, 1944 by Pub.L. 98–509, Title II, § 206(a), Oct. 19, 1984, 98 Stat. 2361, which related to authorization of appropriations, was repealed by Pub.L. 102–321, Title I, § 122(d), July 10, 1992, 106 Stat. 360.

Another prior section 512 of Act July 1, 1944, as added Oct. 19, 1984, Pub.L. 98–509, Title II, § 206(a), 98 Stat. 2361 and classified to section 290bb–1a of this title; renumbered section 506 of Act July 1, 1944 and transferred to section 290aa–5 of this title, as amended Pub.L. 102–321, Title I, § 106, July 10, 1992, 106 Stat. 334.

§ 290bb–6. Action by Center for Substance Abuse Treatment and States concerning military facilities

(a) Center for Substance Abuse Treatment

The Director for the Center for Substance Abuse Treatment shall—

(1) coordinate with the agencies represented on the Commission on Alternative Utilization of Military Facilities the utilization of military facilities or parts thereof,

as identified by such Commission, established under the National Defense Authorization Act of 1989, that could be utilized or renovated to house nonviolent persons for drug treatment purposes;

(2) notify State agencies responsible for the oversight of drug abuse treatment entities and programs of the availability of space at the installations identified in paragraph (1); and

(3) assist State agencies responsible for the oversight of drug abuse treatment entities and programs in developing methods for adapting the installations described in paragraph (1) into residential treatment centers.

(b) States

With regard to military facilities or parts thereof, as identified by the Commission on Alternative Utilization of Military Facilities established under section 3042 of the Comprehensive Alcohol Abuse, Drug Abuse, and Mental Health Amendments Act of 1988, that could be utilized or renovated to house nonviolent persons for drug treatment purposes, State agencies responsible for the oversight of drug abuse treatment entities and programs shall—

(1) establish eligibility criteria for the treatment of individuals at such facilities;

(2) select treatment providers to provide drug abuse treatment at such facilities;

(3) provide assistance to treatment providers selected under paragraph (2) to assist such providers in securing financing to fund the cost of the programs at such facilities; and

(4) establish, regulate, and coordinate with the military official in charge of the facility, work programs for individuals receiving treatment at such facilities.

(c) Reservation of space

Prior to notifying States of the availability of space at military facilities under subsection (a)(2) of this section, the Director may reserve space at such facilities to conduct research or demonstration projects.

(July 1, 1944, c. 373, Title V, § 513, formerly § 561, as added Nov. 18, 1988, Pub.L. 100–690, Title II, § 2081(a), 102 Stat. 4216; renumbered § 513 and amended July 10, 1992, Pub.L. 102–321, Title I, § 112(a), (b)(1), 106 Stat. 344, 345.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1988 Acts. For Related Reports, see 1988 U.S. Code Cong. and Adm. News, p. 5937.

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

References in Text

The National Defense Authorization Act of 1989, referred to in subsec. (a)(1), probably means the National Defense Authorization Act, Fiscal Year 1989, Pub.L. 100–456, Sept. 29, 1988, 102 Stat. 1918. For complete classification of this Act to the Code, see Tables.

Section 3042 of the Comprehensive Alcohol Abuse, Drug Abuse, and Mental Health Amendments Act of 1988, referred to in subsec. (b), probably should be a reference to section 2819 of the National Defense Authorization Act, Fiscal Year 1989, Pub.L. 100–456, Div. B, Title XXVIII, Sept. 29, 1988, 102 Stat. 2119, which established the Commission on Alternative Utilization of Military Facilities and which is set out as a note under section 2391 of Title 10, Armed Forces. The Comprehensive Alcohol Abuse, Drug Abuse, and Mental Health Amendments Act of 1988, subtitle A of Title II of Pub.L. 100–690, Nov. 18, 1988, 102 Stat. 4193, does not include a section 3042.

Codifications

Section was formerly classified to section 290ff of this title prior to renumbering by section 112(a) of Pub.L. 102–321. See 1992 Amendment note set out under this section.

Amendments

1992 Amendments. Pub.L. 102–321, § 112(a), (b)(1), renumbered former section 290ff of this title as this section, and in subsec. (a), substituted provisions relating to Center for Substance Abuse Treatment for provisions relating to National Institute on Drug Abuse, wherever appearing in subsec. heading and text.

Effective and Applicability Provisions

1992 Acts. Amendment by Pub.L. 102–321 effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal year 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of this title.

Prior Provisions

A prior section 513 of Act July 1, 1944, which was originally classified to section 229b of this title, was renumbered section 2113 of Act July 1,

1944, by Pub.L. 98–24 and transferred to section 300aa–12 of this title, renumbered section 2313 of Act July 1, 1944, by Pub.L. 99–660 and transferred to section 300cc–12 of this title, renumbered section 2511 of Act July 1, 1944, by Pub.L. 100–607 and transferred to section 300aaa–10 of this title, and, while set out as section 300aaa–10 of this title, was renumbered section 2611 of Act July 1, 1944, by Pub.L. 100–690 and renumbered section 2711 of Act July 1, 1944, by Pub.L. 101–381.

Another prior section 513 of Act July 1, 1944, c. 373, Title V, formerly section 512, formerly Pub.L. 91–616, Title V, § 504, formerly section 503, as added Pub.L. 94–371, § 7, July 26, 1976, 90 Stat. 1039 and classified to section 4588 of this title, was renumbered section 504 of Pub.L. 91–616 by Pub.L. 97–35, Title IX, § 965(c), Aug. 13, 1981, 95 Stat. 594, was renumbered section 512 of Act July 1, 1944 and transferred to section 290bb–2 of this title by Pub.L. 98–24, § 2(b)(9), Apr. 26, 1983, 97 Stat. 179, was renumbered section 513 of Act July 1, 1944 by Pub.L. 98–509, Title II, § 206(a), Oct. 19, 1984, 98 Stat. 2361, and which authorized appropriations, was repealed by Pub.L. 102–321, § 122(d), July 10, 1992, 106 Stat. 360.

LIBRARY REFERENCES

American Digest System

Commitment or treatment of chemical dependents in general, see Chemical Dependents ⇐10.

Encyclopedias

Commitment of addicts in general, see C.J.S. Chemical Dependents § 10 et seq.

WESTLAW ELECTRONIC RESEARCH

Chemical dependents cases: 76ak[add key number].

See, also, WESTLAW guide following the Explanation pages of this volume.

§ 290bb–7. Substance abuse treatment services for children and adolescents

(a) In general

The Secretary shall award grants, contracts, or cooperative agreements to public and private nonprofit entities, including Native Alaskan entities and Indian tribes and tribal organizations, for the purpose of providing substance abuse treatment services for children and adolescents.

(b) Priority

In awarding grants, contracts, or cooperative agreements under subsection (a), the Secretary shall give priority to applicants who propose to—

(1) apply evidenced-based and cost effective methods for the treatment of substance abuse among children and adolescents;

(2) coordinate the provision of treatment services with other social service agencies in the community, including educational, juvenile justice, child welfare, and mental health agencies;

(3) provide a continuum of integrated treatment services, including case management, for children and adolescents with substance abuse disorders and their families;

(4) provide treatment that is gender-specific and culturally appropriate;

(5) involve and work with families of children and adolescents receiving treatment;

(6) provide aftercare services for children and adolescents and their families after completion of substance abuse treatment; and

(7) address the relationship between substance abuse and violence.

(c) Duration of grants

The Secretary shall award grants, contracts, or cooperative agreements under subsection (a) for periods not to exceed 5 fiscal years.

(d) Application

An entity desiring a grant, contract, or cooperative agreement under subsection (a) shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may reasonably require.

(e) Evaluation

An entity that receives a grant, contract, or cooperative agreement under subsection (a) shall submit, in the application for such grant, contract, or cooperative agreement, a

plan for the evaluation of any project undertaken with funds provided under this section. Such entity shall provide the Secretary with periodic evaluations of the progress of such project and such evaluation at the completion of such project as the Secretary determines to be appropriate.

(f) Authorization of appropriations

There are authorized to be appropriated to carry out this section, $40,000,000 for fiscal year 2001, and such sums as may be necessary for fiscal years 2002 and 2003.

(July 1, 1944, c. 373, Title V, § 514, as added Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXI, § 3104(a), 114 Stat. 1171.)

HISTORICAL AND STATUTORY NOTES

Codifications

Another section 514 of the Public Health Service Act, as added by section 3632 of Pub.L. 106–310, is classified to section 290bb–9 of this title.

LIBRARY REFERENCES

American Digest System

Indians ⟹6(1).
Key Number System Topic No. 209.
Infants ⟹12, 13.
Key Number System Topic No. 211.
United States ⟹32, 41, 82(2), 85.
Key Number System Topic No. 393.

Encyclopedias

Indians, see C.J.S. §§ 30, 38 to 42, 44 to 45, 137 to 153.
Infants, see C.J.S. §§ 5 to 6, 10, 32, 41, 43 to 44, 92 to 93, 95 to 98.
United States, see C.J.S. §§ 32, 41, 122 to 123.

§ 290bb–8. Early intervention services for children and adolescents

(a) In general

The Secretary shall award grants, contracts, or cooperative agreements to public and private nonprofit entities, including local educational agencies (as defined in section 8801 of Title 20), for the purpose of providing early intervention substance abuse services for children and adolescents.

(b) Priority

In awarding grants, contracts, or cooperative agreements under subsection (a), the Secretary shall give priority to applicants who demonstrate an ability to—

(1) screen for and assess substance use and abuse by children and adolescents;

(2) make appropriate referrals for children and adolescents who are in need of treatment for substance abuse;

(3) provide early intervention services, including counseling and ancillary services, that are designed to meet the developmental needs of children and adolescents who are at risk for substance abuse; and

(4) develop networks with the educational, juvenile justice, social services, and other agencies and organizations in the State or local community involved that will work to identify children and adolescents who are in need of substance abuse treatment services.

(c) Condition

In awarding grants, contracts, or cooperative agreements under subsection (a), the Secretary shall ensure that such grants, contracts, or cooperative agreements are allocated, subject to the availability of qualified applicants, among the principal geographic regions of the United States, to Indian tribes and tribal organizations, and to urban and rural areas.

(d) Duration of grants

The Secretary shall award grants, contracts, or cooperative agreements under subsection (a) for periods not to exceed 5 fiscal years.

(e) Application

An entity desiring a grant, contract, or cooperative agreement under subsection (a) shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may reasonably require.

(f) Evaluation

An entity that receives a grant, contract, or cooperative agreement under subsection (a) shall submit, in the application for such grant, contract, or cooperative agreement, a plan for the evaluation of any project undertaken with funds provided under this section. Such entity shall provide the Secretary with periodic evaluations of the progress of such project and such evaluation at the completion of such project as the Secretary determines to be appropriate.

(g) Authorization of appropriations

There are authorized to be appropriated to carry out this section, $20,000,000 for fiscal year 2001, and such sums as may be necessary for fiscal years 2002 and 2003.

(July 1, 1944, c. 373, Title V, § 514A, as added Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXI, § 3104(a), 114 Stat. 1172.)

LIBRARY REFERENCES

American Digest System

Indians ⟹6(1).
Key Number System Topic No. 209.
Infants ⟹12, 13.
Key Number System Topic No. 211.
Schools ⟹157.
Key Number System Topic No. 345.
United States ⟹32, 41, 82(2), 85.
Key Number System Topic No. 393.

Encyclopedias

Indians, see C.J.S. §§ 30, 38 to 42, 44 to 45, 137 to 153.
Infants, see C.J.S. §§ 5 to 6, 10, 32, 41, 43 to 44, 92 to 93, 95 to 98.
Schools and School Districts, see C.J.S. §§ 722 to 723, 725.
United States, see C.J.S. §§ 32, 41, 122 to 123.

§ 290bb–9. Methamphetamine and amphetamine treatment initiative

(a) Grants—

(1) Authority to make grants

The Director of the Center for Substance Abuse Treatment may make grants to States and Indian tribes recognized by the United States that have a high rate, or have had a rapid increase, in methamphetamine or amphetamine abuse or addiction in order to permit such States and Indian tribes to expand activities in connection with the treatment of methamphetamine or amphetamine abuser or addiction in the specific geographical areas of such States or Indian tribes, as the case may be, where there is such a rate or has been such an increase.

(2) Recipients

Any grants under paragraph (1) shall be directed to the substance abuse directors of the States, and of the appropriate tribal government authorities of the Indian tribes, selected by the Director to receive such grants.

(3) Nature of activities

Any activities under a grant under paragraph (1) shall be based on reliable scientific evidence of their efficacy in the treatment of methamphetamine or amphetamine abuse or addiction.

(b) Geographic distribution

The Director shall ensure that grants under subsection (a) are distributed equitably among the various regions of the country and among rural, urban, and suburban areas that are affected by methamphetamine or amphetamine abuse or addiction.

(c) Additional activities

The Director shall—

(1) evaluate the activities supported by grants under subsection (a);

(2) disseminate widely such significant information derived from the evaluation as the Director considers appropriate to assist States, Indian tribes, and private providers of treatment services for methamphetamine or amphetamine abuser or addiction in the treatment of methamphetamine or amphetamine abuse or addiction; and

(3) provide States, Indian tribes, and such providers with technical assistance in connection with the provision of such treatment.

(d) Authorization of appropriations

(1) In general

There are authorized to be appropriated to carry out this section $10,000,000 for fiscal year 2000 and such sums as may be necessary for each of fiscal years 2001 and 2002.

(2) Use of certain funds

Of the funds appropriated to carry out this section in any fiscal year, the lesser of 5 percent of such funds or $1,000,000 shall be available to the Director for purposes of carrying out subsection (c).

(July 1, 1944, c. 373, Title V, § 514, as added Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXVI, § 3632, 114 Stat. 1236.)

HISTORICAL AND STATUTORY NOTES

Codifications

Another section 514 of the Public Health Service Act, as added by section 3104(a) of Pub.L. 106–310, is classified to section 290bb–7 of this title.

Subpart 2—Center for Substance Abuse Prevention

HISTORICAL AND STATUTORY NOTES

Codifications

Pub.L. 102–321, Title I, § 113(a), July 10, 1992, 106 Stat. 345, added subpart 2 heading "Center for Substance Abuse Prevention". A prior subpart 2 heading "Drug Abuse Research", set out preceding former section 290cc of this title, was deleted by Pub.L. 102–321, Title I, § 107(1), July 10, 1992, 106 Stat. 335.

§ 290bb–21. Office for Substance Abuse Prevention

(a) Establishment; Director

There is established in the Administration an Office for Substance Abuse Prevention (hereafter referred to in this part as the "Prevention Center"). The Office shall be headed by a Director appointed by the Secretary from individuals with extensive experience or academic qualifications in the prevention of drug or alcohol abuse.

(b) Duties of Director

The Director of the Prevention Center shall—

(1) sponsor regional workshops on the prevention of drug and alcohol abuse;

(2) coordinate the findings of research sponsored by agencies of the Service on the prevention of drug and alcohol abuse;

(3) develop effective drug and alcohol abuse prevention literature (including literature on the adverse effects of cocaine free base (known as "crack"));

(4) in cooperation with the Secretary of Education, assure the widespread dissemination of prevention materials among States, political subdivisions, and school systems;

(5) support clinical training programs for substance abuse counselors and other health professionals involved in drug abuse education, prevention,; [1]

(6) in cooperation with the Director of the Centers for Disease Control and Prevention, develop educational materials to reduce the risks of acquired immune deficiency syndrome among intravenous drug abusers;

(7) conduct training, technical assistance, data collection, and evaluation activities of programs supported under the Drug Free Schools and Communities Act of 1986 [20 U.S.C.A. § 3171 et seq.];

(8) support the development of model, innovative, community-based programs to discourage alcohol and drug abuse among young people;

(9) collaborate with the Attorney General of the Department of Justice to develop programs to prevent drug abuse among high risk youth;

(10) prepare for distribution documentary films and public service announcements for television and radio to educate the public, especially adolescent audiences, concerning the dangers to health resulting from the consumption of alcohol and drugs and, to the extent feasible, use appropriate private organizations and business concerns in the preparation of such announcements; and

(11) develop and support innovative demonstration programs designed to identify and deter the improper use or abuse of anabolic steroids by students, especially students in secondary schools.

(c) Grants, contracts and cooperative agreements

The Director may make grants and enter into contracts and cooperative agreements in carrying out subsection (b) of this section.

(d) National data base

The Director of the Prevention Center shall establish a national data base providing information on programs for the prevention of substance abuse. The data base shall contain information appropriate for use by public entities and information appropriate for use by nonprofit private entities.

(July 1, 1944, c. 373, Title V, § 515, formerly § 508, as added Oct. 27, 1986, Pub.L. 99–570, Title IV, § 4005(a), 100 Stat. 3207–111, and amended Nov. 18, 1988, Pub.L. 100–690, Title II, § 2051(a)–(c), 102 Stat. 4206; Aug. 16, 1989, Pub.L. 101–93, § 3(a), 103 Stat. 609; Nov. 29, 1990, Pub.L. 101–647, Title XIX, § 1906, 104 Stat. 4854; renumbered § 515 and amended July 10, 1992, Pub.L. 102–321, Title I, § 113(b) to (e), 106 Stat. 345; Oct. 27, 1992, Pub.L. 102–531, Title III, § 312(d)(10), 106 Stat. 3505; Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXI, § 3112(b), 114 Stat. 1188.)

[1] So in original.

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1986 Acts. Statement by President, see 1986 U.S. Code Cong. and Adm. News, p. 5393.

1988 Acts. For Related Reports, see 1988 U.S. Code Cong. and Adm. News, p. 5937.

1990 Acts. House Report No. 101–681(Part I), see 1990 U.S. Code Cong. and Adm. News, p. 6472.

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

House Report No. 102–318 and House Conference Report No. 102–1019, see 1992 U.S. Code Cong. and Adm. News, p. 3022.

References in Text

The Drug-Free Schools and Communities Act of 1986, referred to in subsec. (b)(7), is Title V of Pub.L. 89–10 as added by Pub.L. 100–297, Title I, § 1001, Apr. 28, 1988, 102 Stat. 252, which is classified generally to subchapter V (section 3171 et seq.) of chapter 47 of Title 20, Education. For complete classification of this Act to the Code, see section 3171 of Title 20 and Tables.

Codifications

Section 312(d)(10) of Pub.L. 102–531 directed the amendment of section 508(b)(6) of Act July 1, 1944, c. 373, Title V (42 U.S.C. 290aa–6(b)(6)). Section 508 of such Act was renumbered section 515 and transferred to this section by Pub.L. 102–231. Such amendment was executed to subsec. (b)(6) of this section as the probable intent of Congress.

Section was formerly classified to section 290aa–6 of this title prior to renumbering by section 113(b) of Pub.L. 102–321.

Amendment by section 113(e) of Pub.L. 102–321 was executed to subsecs. (a) and (b) of this section, despite parenthetical reference to section 515 of Act July 1, 1944 "as amended by subsection (e)", as the probable intent of Congress.

Amendments

2000 Amendments. Subsec. (b)(9). Pub.L. 106–310, § 3112(b)(1), (2), added par. (9) and redesignated former par. (9) as (10).

Subsec. (b)(10). Pub.L. 106–310, § 3112(a)(1), (3), redesignated former par. (9) as (10) and, as so redesignated, substituted "public, especially adolescent audiences, concerning" for "public concerning". Former par. (10) was redesignated (11).

Subsec. (b)(11). Pub.L. 106–310, § 3112(a)(1), redesignated former par. (10) as (11).

1992 Amendments. Pub.L. 102–321, § 113(b), redesignated former section 290aa–6 of this title as this section.

Subsec. (a). Pub.L. 102–321, § 113(e)(1), substituted "(hereafter referred to in this part as the 'Prevention Center')" for "(hereafter in this part referred to as the 'Office')". See Codifications note set out under this section.

Subsec. (b). Pub.L. 102–321, § 113(e)(2), substituted "Prevention Center" for "Office". See Codifications note set out under this section.

Subsec. (b)(5). Pub.L. 102–321, § 113(c)(1), struck out "and intervention" following "prevention,".

Subsec. (b)(6). Pub.L. 102–531, Title III, § 312(d)(10), substituted "Centers for Disease Control and Prevention" for "Centers for Disease Control".

Subsec. (b)(9). Pub.L. 102–321, § 113(c)(4), inserted "and" following "announcements;".

Subsec. (b)(10). Pub.L. 102–321, § 113(c)(2), (3), struck out former par. (10), which related to assisting communities develop long-term substance abuse prevention strategies and evaluation of community substance abuse prevention approaches, and redesignated par. (12) as (10).

Subsec. (b)(11). Pub.L. 102–321, § 113(c)(2), struck out par. (11), which related to training of individuals in diagnosis and treatment of alcohol and drug abuse and development of curricula and materials for such training.

Subsec. (b)(12). Pub.L. 102–321, § 113(c)(3), redesignated par. (12) as (10).

Subsec. (d). Pub.L. 102–321, § 113(d), substituted provisions relating to national data base for provisions relating to availability of funds.

1990 Amendments. Subsec. (b)(12). Pub.L. 101–647 added par. (12).

1989 Amendments. Subsec. (b)(11)(B). Pub.L. 101–93, § 3(a)(2), substituted "subparagraph (A)" for "subparagraph (a)".

Subsec. (d)(1). Pub.L. 101–93, § 3(a)(1), inserted a comma after "290aa–13 of this title".

1988 Amendments. Subsec. (b)(5). Pub.L. 100–690, § 2051(b)(1), substituted "support clinical training programs for substance abuse counselors and other health professionals involved in drug abuse education, prevention, and intervention" for "support programs of clinical training of substance abuse counselors and other health professionals".

Subsec. (b)(10). Pub.L. 100–690, § 2051(b)(2), added par. (10).

Subsec. (b)(11). Pub.L. 100–690, § 2051(c), added par. (11).

Subsec. (d). Pub.L. 100–690, § 2051(a), substituted par. (1) and (2) provisions authorizing appropriations for fiscal years 1989 through 1991 and making not less than $5,000,000 available to carry out subsec. (b)(5) and (11) of this section for former provision making $20,000,000 (of the amounts available under the second sentence of section 300y(a) of this title to carry out this section and section 290aa–8 of this title) available to carry out section 290aa–8 of this title.

Effective and Applicability Provisions

1992 Acts. Amendments by Pub.L. 102–321 effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal year 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of this title.

Prior Provisions

A prior section 515 of Act July 1, 1944, which was formerly Pub.L. 92–255, Title V, § 503, as added Pub.L. 94–237, § 13(a), Mar. 19, 1976, 90 Stat. 248 and classified to section 1193 of Title 21, Food and Drugs, and which was renumbered section 515 of Act July 1, 1944 and classified to section 290cc of this title by Pub.L. 98–24, § 2(b)(11), Apr. 26, 1983, 97 Stat. 180, and which related to encouragement of drug abuse research by National Institute on Drug Abuse, was repealed by Pub.L. 102–321, Title I, § 123(c), July 10, 1992, 106 Stat. 363.

LIBRARY REFERENCES

American Digest System

Chemical Dependents ⟹2.
Key Number System Topic No. 76A.
United States ⟹29, 31.
Key Number System Topic No. 393.

Encyclopedias

Chemical Dependents, see C.J.S. § 11.

United States, see C.J.S. §§ 31 et seq., 34 et seq.

Drugs and Controlled Substances, 25 Am. Jur. 2d § 250.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 290bb–22. Priority substance abuse prevention needs of regional and National significance

(a) Projects

The Secretary shall address priority substance abuse prevention needs of regional and national significance (as determined under subsection (b)) through the provision of or through assistance for—

(1) knowledge development and application projects for prevention and the conduct or support of evaluations of such projects;

(2) training and technical assistance; and

(3) targeted capacity response programs.

The Secretary may carry out the activities described in this section directly or through grants or cooperative agreements with States, political subdivisions of States, Indian tribes and tribal organizations, or other public or nonprofit private entities.

(b) Priority substance abuse prevention needs

(1) In general

Priority substance abuse prevention needs of regional and national significance shall be determined by the Secretary in consultation with the States and other interested groups. The Secretary shall meet with the States and interested groups on an annual basis to discuss program priorities.

(2) Special consideration

In developing program priorities under paragraph (1), the Secretary shall give special consideration to—

(A) applying the most promising strategies and research-based primary prevention approaches; and

(B) promoting the integration of substance abuse prevention information and activities into primary health care systems.

(c) Requirements

(1) In general

Recipients of grants, contracts, and cooperative agreements under this section shall comply with information and application requirements determined appropriate by the Secretary.

(2) Duration of award

With respect to a grant, contract, or cooperative agreement awarded under this section, the period during which payments under such award are made to the recipient may not exceed 5 years.

(3) Matching funds

The Secretary may, for projects carried out under subsection (a), require that entities that apply for grants, contracts, or cooperative agreements under that project provide non-Federal matching funds, as determined appropriate by the Secretary, to ensure the institutional commitment of the entity to the projects funded under the grant, contract, or cooperative agreement. Such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment, or services.

(4) Maintenance of effort

With respect to activities for which a grant, contract, or cooperative agreement is awarded under this section, the Secretary may require that recipients for specific projects under subsection (a) agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives such a grant, contract, or cooperative agreement.

(d) Evaluation

The Secretary shall evaluate each project carried out under subsection (a)(1) and shall disseminate the findings with respect to each such evaluation to appropriate public and private entities.

(e) Information and education

The Secretary shall establish comprehensive information and education programs to disseminate the findings of the knowledge development and application, training and technical assistance programs, and targeted capacity response programs under this section to the general public and to health professionals. The Secretary shall make every effort to provide linkages between the findings of supported projects and State agencies responsible for carrying out substance abuse prevention and treatment programs.

(f) Authorization of appropriation

There are authorized to be appropriated to carry out this section, $300,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003.

(July 1, 1944, c. 373, Title V, § 516, formerly § 509, as added Oct. 27, 1986, Pub.L. 99–570, Title IV, § 4005(a), 100 Stat. 3207–112, renumbered § 516 and amended July 10, 1992, Pub.L. 102–321, Title I, § 113(f), 106 Stat. 345; Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXIII, § 3302(a), 114 Stat. 1209.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1986 Acts. Statement by President, see 1986 U.S. Code Cong. and Adm. News, p. 5393.

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

Codifications

Section was formerly classified to section 290aa–7 of this title prior to renumbering by section 113(f)(1) to (3) of Pub.L. 102–321.

Amendments

2000 Amendments. Pub.L. 106–310, § 3302(a), rewrote this section, which formerly read:

"§ 290bb–22. Community programs

"(a) In general

"The Secretary, acting through the Director of the Prevention Center, shall—

"(1) provide assistance to communities to develop comprehensive long-term strategies for the prevention of substance abuse; and

"(2) evaluate the success of different community approaches toward the prevention of such abuse.

"(b) Strategies for reducing use

"The Director of the Prevention Center shall ensure that strategies developed under subsection (a)(1) of this section include strategies for reducing the use of alcoholic beverages and tobacco products by individuals to whom it is unlawful to sell or distribute such beverages or products.

"(c) Authorization of appropriations

"For the purpose of carrying out subsection (a) of this section, there are authorized to be appropriated $120,000,000 for fiscal year 1993, such sums as may be necessary for fiscal year 1994.".

1992 Amendments. Pub.L. 102–321, § 113(f), renumbered former section 290aa–7 of this title as this section and amended section generally, substituting provisions relating to community programs for provisions relating to alcohol and drug abuse information clearinghouse.

Effective and Applicability Provisions

1992 Acts. Amendment by Pub.L. 102–321 effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal year 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of this title.

Prior Provisions

A prior section 516 of Act July 1, 1944, as added Oct. 19, 1984, Pub.L. 98–509, Title II, § 206(b), 98 Stat. 2362, and amended Nov. 18, 1988, Pub.L. 100–690, Title II, § 2058(a)(4), 102 Stat. 4214, which related to drug abuse demonstration projects and which was classified to section 290cc–1 of this title, was repealed by Pub.L. 102–321, Title I, § 123(c), July 10, 1992, 106 Stat. 363.

CROSS REFERENCES

Use of clearinghouse by Administrator, see 42 USCA § 290aa.

LIBRARY REFERENCES

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Indians ⟹6(1).
Key Number System Topic No. 209.
United States ⟹32, 41, 82(2), 85.
Key Number System Topic No. 393.

Encyclopedias

Chemical Dependents, see C.J.S. §§ 2, 4, 10 to 11.

Indians, see C.J.S. §§ 30, 38 to 42, 44 to 45, 137 to 153.

United States, see C.J.S. §§ 32, 41, 122 to 123.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 290bb–23. Prevention, treatment, and rehabilitation model projects for high risk youth

(a) Grants to public and nonprofit private entities

The Secretary, through the Director of the Prevention Center, shall make grants to public and nonprofit private entities for projects to demonstrate effective models for the prevention, treatment, and rehabilitation of drug abuse and alcohol abuse among high risk youth.

(b) Priority of projects

(1) In making grants for drug abuse and alcohol abuse prevention projects under this section, the Secretary shall give priority to applications for projects directed at children of substance abusers, latchkey children, children at risk of abuse or neglect, preschool children eligible for services under the Head Start Act [42 U.S.C.A. § 9831 et seq.], children at risk of dropping out of school, children at risk of becoming adolescent parents, and children who do not attend school and who are at risk of being unemployed.

(2) In making grants for drug abuse and alcohol abuse treatment and rehabilitation projects under this section, the Secretary shall give priority to projects which address the relationship between drug abuse or alcohol abuse and physical child abuse, sexual child abuse, emotional child abuse, dropping out of school, unemployment, delinquency, pregnancy, violence, suicide, or mental health problems.

(3) In making grants under this section, the Secretary shall give priority to applications from community based organizations for projects to develop innovative models with multiple, coordinated services for the prevention or for the treatment and rehabilitation of drug abuse or alcohol abuse by high risk youth.

(4) In making grants under this section, the Secretary shall give priority to applications for projects to demonstrate effective models with multiple, coordinated services which may be replicated and which are for the prevention or for the treatment and rehabilitation of drug abuse or alcohol abuse by high risk youth.

(5) In making grants under this section, the Secretary shall give priority to applications that employ research designs adequate for evaluating the effectiveness of the program.

(c) Strategies for reducing use

The Secretary shall ensure that projects under subsection (a) of this section include strategies for reducing the use of alcoholic beverages and tobacco products by individuals to whom it is unlawful to sell or distribute such beverages or products.

(d) Regionally equal distribution of grants

To the extent feasible, the Secretary shall make grants under this section in all regions of the United States, and shall ensure the distribution of grants under this section among urban and rural areas.

(e) Application for grants

In order to receive a grant for a project under this section for a fiscal year, a public or nonprofit private entity shall submit an application to the Secretary, acting through the Office.[1] The Secretary may provide to the Governor of the State the opportunity to review and comment on such application. Such application shall be in such form, shall contain such information, and shall be submitted at such time as the Secretary may by regulation prescribe.

(f) Evaluation of projects

The Director of the Office [1] shall evaluate projects conducted with grants under this section.

(g) "High risk youth" defined

For purposes of this section, the term "high risk youth" means an individual who has not attained the age of 21 years, who is at high risk of becoming, or who has become, a drug abuser or an alcohol abuser, and who—

(1) is identified as a child of a substance abuser;
(2) is a victim of physical, sexual, or psychological abuse;
(3) has dropped out of school;
(4) has become pregnant;
(5) is economically disadvantaged;
(6) has committed a violent or delinquent act;
(7) has experienced mental health problems;
(8) has attempted suicide;
(9) has experienced long-term physical pain due to injury; or
(10) has experienced chronic failure in school.

(h) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2003.

(July 1, 1944, c. 373, Title V, § 517, formerly § 509A, as added Oct. 27, 1986, Pub.L. 99–570, Title IV, § 4005(a), 100 Stat. 3207–113, and amended Nov. 18, 1988, Pub.L. 100–690, Title II, § 2051(d), 102 Stat. 4206; renumbered § 517 and amended July 10, 1992, Pub.L. 102–321, Title I, § 114, 106 Stat. 346; Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXI, § 3103, 114 Stat. 1171.)

[1] So in original. Probably should be "Prevention Center".

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1986 Acts. Statement by President, see 1986 U.S. Code Cong. and Adm. News, p. 5393.

1988 Acts. For Related Reports, see 1988 U.S. Code Cong. and Adm. News, p. 5937.

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

References in Text

The Head Start Act, referred to in subsec. (b)(1), is subchapter B, (sections 635 to 657, of chapter 8 of subtitle A of Title VI of Pub.L. 97–35, Aug. 13, 1981, 95 Stat. 499, as amended, which is classified generally to subchapter II (section 9831 et seq.) of chapter 105 of this title. For complete classification of this Act to the Code, see Short Title note set out under section 9801 of this title and Tables.

Codifications

Section was formerly classified to section 290aa–8 of this title prior to renumbering by section 114(a) of Pub.L. 102–321.

Section 517 of Act July 1, 1944 [this section] was inserted, as the probable intent of Congress, following section 516 of such Act [section 290bb–22 of this title, which was formerly section 509 of such Act and classified to section 290aa–7 of this title prior to redesignation and transfer by section 113(f)(1) to (3) of Pub.L. 102–321] notwithstanding parenthetical reference in section 114(a)(3) of Pub.L. 102–321 to the transfer and redesignation of former section 509A of Act July 1, 1944 "by section 113(g)" of Pub.L. 102–321. Pub.L. 102–321 contains no section 113(g).

Amendments

2000 Amendments. Subsec. (h). Pub.L. 106–310, § 3103, substituted "such sums as may be necessary for each of the fiscal years 2001 through 2003" for "$70,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994".

1992 Amendments. Pub.L. 102–321, § 114(a) renumbered former section 290aa–8 of this title as this section.

Subsec. (a). Pub.L. 102–321, § 114(d), substituted "Prevention Center" for "Office".

Subsec. (c). Pub.L. 102–321, § 114(b), added subsec. (c) and redesignated former subsec. (c) as (d).

Subsecs. (d)–(g). Pub.L. 102–321, § 114(b)(1), redesignated former subsecs. (c) through (f) as (d) through (g), respectively.

Subsec. (h). Pub.L. 102–321, § 114(c), added subsec. (h).

1988 Amendments. Subsec. (b)(5). Pub.L. 100–690, § 2051(d)(1), added par. (5).

Subsec. (f)(8). Pub.L. 100–690, § 2051(d)(2)(A), substituted "suicide;" for "suicide; or".

Subsec. (f)(9). Pub.L. 100–690, § 2051(d)(2)(B), substituted "has experienced long-term physical pain due to injury; or" for "is disabled by injuries.".

Subsec. (f)(10). Pub.L. 100–690, § 2051(d)(2)(C), added par. (10).

Effective and Applicability Provisions

1992 Acts. Amendments by Pub.L. 102–321 effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal year 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of this title.

Prior Provisions

A prior section 517 of Act July 1, 1944, as added Oct. 19, 1984, Pub.L. 98–509, Title II, § 207(b), 98 Stat. 2363, and amended Oct. 27,

1986, Pub.L. 99–570, Title IV, § 4010(b), 100 Stat. 3207–115; Nov. 18, 1988, Pub.L. 100–690, Title II, § 2056(b), 102 Stat. 4211; Aug. 15, 1990, Pub.L. 101–374, § 3(a), 104 Stat. 457, which authorized appropriations for drug abuse research and which was classified to section 290cc–2 of this title, was repealed by Pub.L. 102–321, Title I, § 123(c), July 10, 1992, 106 Stat. 363.

CROSS REFERENCES

Alcohol, Drug Abuse, and Mental Health Administration, duties of Administrator, see 42 USCA § 290aa.

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Chemical Dependents, see C.J.S. § 10 et seq.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 290bb–24. Repealed. Pub.L. 106–310, Div. B, Title XXXIII, § 3302(b), Oct. 17, 2000, 114 Stat. 1210

HISTORICAL AND STATUTORY NOTES

Section, July 1, 1944, c. 373, Title V, § 518, as added July 10, 1992, Pub.L. 102–321, Title I, § 171, 106 Stat. 377, related to employee assistance programs.

Prior Provisions

A prior section 518 of Act July 1, 1944, formerly § 519, as added Pub.L. 100–690, Title II, § 2057(3), Nov. 18, 1988, 102 Stat. 4212, and renumbered § 518, Pub.L. 101–93, § 3(e)(1)(A), Aug. 16, 1989, 103 Stat. 610, which related to establishment of program for mental health research and which was classified to section 290cc–11 of this title, was repealed by Pub.L. 102–321, Title I, § 120(b)(3), July 10, 1992, 106 Stat. 358.

§ 290bb–25. Grants for services for children of substance abusers.

(a) Establishment

(1) In general

The Secretary, acting through the Administrator of the Substance Abuse and Mental Health Services Administration, shall make grants to public and nonprofit private entities for the purpose of carrying out programs—

(A) to provide the services described in subsection (b) of this section to children of substance abusers;

(B) to provide the applicable services described in subsection (c) of this section to families in which a member is a substance abuser;

(C) to identify such children and such families through youth service agencies, family social services, child care providers, Head Start, schools and after-school programs, early childhood development programs, community-based family resource and support centers, the criminal justice system, health, substance abuse and mental health providers through screenings conducted during regular childhood examinations and other examinations, self and family member referrals, substance abuse treatment services, and other providers of services to children and families; and

(D) to provide education and training to health, substance abuse and mental health professionals, and other providers of services to children and families through youth service agencies, family social services, child care, Head Start, schools and after-school programs, early childhood development programs, community-based family resource and support centers, the criminal justice system, and other providers of services to children and families.

(2) Administrative consultations

The Administrator of the Administration for Children, Youth, and Families and the Administrator of the Health Resources and Services Administration shall be consulted regarding the promulgation of program guidelines and funding priorities under this section.

(3) Requirement of status as medicaid provider

(A) Subject to subparagraph (B), the Secretary may make a grant under paragraph (1) only if, in the case of any service under such paragraph that is covered in the State plan approved under subchapter XIX of chapter 7 of this title for the State involved—

(i)(I) the entity involved will provide the service directly, and the entity has entered into a participation agreement under the State plan and is qualified to receive payments under such plan; or

(II) the entity will enter into an agreement with an organization under which the organization will provide the service, and the organization has entered into such a participation agreement and is qualified to receive such payments; and

(ii) the entity will identify children who may be eligible for medical assistance under a State program under subchapter XIX or XXI of chapter 7 of this title.

(B)(i) In the case of an organization making an agreement under subparagraph (A)(ii) regarding the provision of services under paragraph (1), the requirement established in such subparagraph regarding a participation agreement shall be waived by the Secretary if the organization does not, in providing health or mental health services, impose a charge or accept reimbursement available from any third-party payor, including reimbursement under any insurance policy or under any Federal or State health benefits program.

(ii) A determination by the Secretary of whether an organization referred to in clause (i) meets the criteria for a waiver under such clause shall be made without regard to whether the organization accepts voluntary donations regarding the provision of services to the public.

(b) Services for children of substance abusers

The Secretary may make a grant under subsection (a) of this section only if the applicant involved agrees to make available (directly or through agreements with other entities) to children of substance abusers each of the following services:

(1) Periodic evaluation of children for developmental, psychological, alcohol and drug, and medical problems.

(2) Primary pediatric care.

(3) Other necessary health and mental health services.

(4) Therapeutic intervention services for children, including provision of therapeutic child care.

(5) Developmentally and age-appropriate drug and alcohol early intervention, treatment and prevention services.

(6) Counseling related to the witnessing of chronic violence.

(7) Referrals for, and assistance in establishing eligibility for, services provided under—

(A) education and special education programs;

(B) Head Start programs established under the Head Start Act [42 U.S.C.A. § 9831 et seq.];

(C) other early childhood programs;

(D) employment and training programs;

(E) public assistance programs provided by Federal, State, or local governments; and

(F) programs offered by vocational rehabilitation agencies, recreation departments, and housing agencies.

(8) Additional developmental services that are consistent with the provision of early intervention services, as such term is defined in part H of the Individuals with Disabilities Education Act.

Services shall be provided under paragraphs (2) through (8) by a public health nurse, social worker, or similar professional, or by a trained worker from the community who is supervised by a professional, or by an entity, where the professional or entity provides assurances that the professional or entity is licensed or certified by the State if required and is complying with applicable licensure or certification requirements.

(c) Services for affected families

The Secretary may make a grant under subsection (a) of this section only if, in the case of families in which a member is a substance abuser, the applicant involved agrees to make available (directly or through agreements with other entities) each of the following services, as applicable to the family member involved:

(1) Services as follows, to be provided by a public health nurse, social worker, or similar professional, or by a trained worker from the community who is supervised by a professional, or by an entity, where the professional or entity provides assurances that the professional or entity is licensed or certified by the State if required and is complying with applicable licensure or certification requirements:

(A) Counseling to substance abusers on the benefits and availability of substance abuse treatment services and services for children of substance abusers.

(B) Assistance to substance abusers in obtaining and using substance abuse treatment services and in obtaining the services described in subsection (b) of this section for their children.

(C) Visiting and providing support to substance abusers, especially pregnant women, who are receiving substance abuse treatment services or whose children are receiving services under subsection (b) of this section.

(D) Aggressive outreach to family members with substance abuse problems.

(E) Inclusion of consumer in the development, implementation, and monitoring of Family Services Plan.

(2) In the case of substance abusers:

(A) Alcohol and drug treatment services, including screening and assessment, diagnosis, detoxification, individual, group and family counseling, relapse prevention, pharmacotherapy treatment, after-care services, and case management.

(B) Primary health care and mental health services, including prenatal and post partum care for pregnant women.

(C) Consultation and referral regarding subsequent pregnancies and life options and counseling on the human immunodeficiency virus and acquired immune deficiency syndrome.

(D) Where appropriate, counseling regarding family violence.

(E) Career planning and education services.

(F) Referrals for, and assistance in establishing eligibility for, services described in subsection (b)(7) of this section.

(3) In the case of substance abusers, spouses of substance abusers, extended family members of substance abusers, caretakers of children of substance abusers, and other people significantly involved in the lives of substance abusers or the children of substance abusers:

(A) An assessment of the strengths and service needs of the family and the assignment of a case manager who will coordinate services for the family.

(B) Therapeutic intervention services, such as parental counseling, joint counseling sessions for families and children, and family therapy.

(C) Child care or other care for the child to enable the parent to attend treatment or other activities and respite care services.

(D) Parenting education services and parent support groups which include child abuse and neglect prevention techniques.

(E) Support services, including, where appropriate, transportation services.

(F) Where appropriate, referral of other family members to related services such as job training.

(G) Aftercare services, including continued support through parent groups and home visits.

(d) Training for providers of services to children and families

The Secretary may make a grant under subsection (a) for the training of health, substance abuse and mental health professionals and other providers of services to children and families through youth service agencies, family social services, child care providers, Head Start, schools and after-school programs, early childhood development

programs, community- based family resource centers, the criminal justice system, and other providers of services to children and families. Such training shall be to assist professionals in recognizing the drug and alcohol problems of their clients and to enhance their skills in identifying and understanding the nature of substance abuse, and obtaining substance abuse early intervention, prevention and treatment resources.

(e) Eligible entities

The Secretary shall distribute the grants through the following types of entities:

(1) Alcohol and drug early intervention, prevention or treatment programs, especially those providing treatment to pregnant women and mothers and their children.

(2) Public or nonprofit private entities that provide health or social services to disadvantaged populations, and that have—

(A) expertise in applying the services to the particular problems of substance abusers and the children of substance abusers; or

(B) an affiliation or contractual relationship with one or more substance abuse treatment programs or pediatric health or mental health providers and family mental health providers.

(3) Consortia of public or nonprofit private entities that include at least one substance abuse treatment program.

(4) Indian tribes.

(f) Federal share

The Federal share of a program carried out under subsection (a) of this section shall be 90 percent. The Secretary shall accept the value of in-kind contributions, including facilities and personnel, made by the grant recipient as a part or all of the non-Federal share of grants.

(g) Restrictions on use of grant

The Secretary may make a grant under subsection (a) of this section only if the applicant involved agrees that the grant will not be expended—

(1) to provide inpatient hospital services;

(2) to make cash payments to intended recipients of services;

(3) to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;

(4) to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds; or

(5) to provide financial assistance to any entity other than a public or nonprofit private entity.

(h) Submission to Secretary of certain information

The Secretary may make a grant under subsection (a) of this section only if the applicant involved submits to the Secretary—

(1) a description of the population that is to receive services under this section and a description of such services that are to be provided and measurable goals and objectives;

(2) a description of the mechanism that will be used to involve the local public agencies responsible for health, including maternal and child health [1] mental health, child welfare, education, juvenile justice, developmental disabilities, and substance abuse in planning and providing services under this section, as well as evidence that the proposal has been coordinated with the State agencies responsible for administering those programs, the State agency responsible for administering alcohol and drug programs, the State lead agency, and the State Interagency Coordinating Council under part H of the Individuals with Disabilities Education Act; and; [2]

(3) such other information as the Secretary determines to be appropriate.

(4) Redesignated (3).

(i) Reports to Secretary

The Secretary may make a grant under subsection (a) of this section only if the applicant involved agrees that for each fiscal year for which the applicant receives such a grant the applicant, in accordance with uniform standards developed by the Secretary, will submit to the Secretary a report containing—

(1) a description of specific services and activities provided under the grant;

(2) information regarding progress toward meeting the program's stated goals and objectives;

(3) information concerning the extent of use of services provided under the grant, including the number of referrals to related services and information on other programs or services accessed by children, parents, and other caretakers;

(4) information concerning the extent to which parents were able to access and receive treatment for alcohol and drug abuse and sustain participation in treatment over time until the provider and the individual receiving treatment agree to end such treatment, and the extent to which parents re-enter treatment after the successful or unsuccessful termination of treatment;

(5) information concerning the costs of the services provided and the source of financing for health care services;

(6) information concerning—

(A) the number and characteristics of families, parents, and children served, including a description of the type and severity of childhood disabilities, and an analysis of the number of children served by age;

(B) the number of children served who remained with their parents during the period in which entities provided services under this section; and

(C) the number of case workers or other professionals trained to identify and address substance abuse issues.

(D), (E) Repealed. Pub.L. 106–310, Div. B, Title XXXI, § 3106(f)(2), Oct. 17, 2000, 114 Stat. 1178

(7) information on hospitalization or emergency room use by the family members participating in the program; and

(8) such other information as the Secretary determines to be appropriate.

(j) Requirement of application

The Secretary may make any grant under subsection (a) of this section only if—

(1) an application for the grant is submitted to the Secretary;

(2) the application contains the agreements required in this section and the information required in subsection (h) of this section; and

(3) the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

(k) Evaluations

The Secretary shall periodically conduct evaluations to determine the effectiveness of programs supported under subsection (a) of this section—

(1) in reducing the incidence of alcohol and drug abuse among substance abusers participating in the programs;

(2) in preventing adverse health conditions in children of substance abusers;

(3) in promoting better utilization of health and developmental services and improving the health, developmental, and psychological status of children receiving services under the program; and

(4) in improving parental and family functioning, including increased participation in work or employment-related activities and decreased participation in welfare programs.

(5), (6) Repealed. Pub.L. 106–310, Div. B, Title XXXI, § 3106(g)(3), Oct. 17, 2000, 114 Stat. 1178

(*l*) Report to Congress

Not later than 2 years after the date on which amounts are first appropriated under subjection[3] (*o*) of this section, the Secretary shall prepare and submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report that contains a description of programs carried out under this section. At a minimum, the report shall contain—

(1) information concerning the number and type of programs receiving grants;

(2) information concerning the type and use of services offered; and

(3) information concerning—

(A) the number and characteristics of families, parents, and children served; and

(B) the number of children served who remained with their parents during or after the period in which entities provided services under this section.

(C) to (E) Repealed. Pub.L. 106–310, Div. B, Title XXXI, § 3106(h)(2)(C), Oct. 17, 2000, 114 Stat. 1178

(4), (5) Repealed. Pub.L. 106–310, Div. B, Title XXXI, § 3106(h)(3), Oct. 17, 2000, 114 Stat. 1178

(m) Data collection

The Secretary shall periodically collect and report on information concerning the numbers of children in substance abusing families, including information on the age, gender and ethnicity of the children, the composition and income of the family, and the source of health care finances. The periodic report shall include a quantitative estimate of the prevalence of alcohol and drug problems in families involved in the child welfare system, the barriers to treatment and prevention services facing these families, and policy recommendations for removing the identified barriers, including training for child welfare workers.

(n) Definitions

For purposes of this section:

(1) The term "caretaker", with respect to a child of a substance abuser, means any individual acting in a parental role regarding the child (including any birth parent, foster parent, adoptive parent, relative of such a child, or other individual acting in such a role).

(2) The term "children of substance abusers" means—

(A) children who have lived or are living in a household with a substance abuser who is acting in a parental role regarding the children; and

(B) children who have been prenatally exposed to alcohol or other drugs.

(3) The term "Indian tribe" means any tribe, band, nation, or other organized group or community of Indians, including any Alaska Native village (as defined in, or established pursuant to, the Alaska Native Claims Settlement Act [43 U.S.C.A. § 1601 et seq.]), that is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

(4) The term "public or nonprofit private entities that provide health or social services to disadvantaged populations" includes community-based organizations, local public health departments, community action agencies, hospitals, community health centers, child welfare agencies, developmental disabilities service providers, and family resource and support programs.

(5) The term "substance abuse" means the abuse of alcohol or other drugs.

(*o*) Funding

(1) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated $50,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.

(2) Contingent authority regarding training of certain individuals

Of the amounts appropriated under paragraph (1) for a fiscal year in excess of $25,000,000, the Secretary may make available not more than 15 percent for the

training of health care professionals and other personnel (including child welfare providers) who provide services to children and families of substance abusers.

(p) Redesignated (*o*)

(July 1, 1944, c. 373, Title V, § 519, formerly Title III, § 399D, as added July 10, 1992, Pub.L. 102–321, Title IV, § 401(a), 106 Stat. 420, renumbered Title III, § 399A, renumbered Title V, § 519 and amended Oct. 17, 2000, Pub.L. 106–310, Div. A, Title V, § 502(1), Div. B, Title XXXI, § 3106(a) to (m), 114 Stat. 1115, 1175 to 1179.)

[1] So in original. A comma probably should be inserted.

[2] So in original. The semicolon probably should not appear.

[3] So in original. Probably should read "subsection (n)".

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

References in Text

Subchapter XIX of chapter 7 of this title, referred to in subsec. (a)(3)(A), is classified to 42 U.S.C.A. § 1396 et seq.

Subchapter XIX or XXI of chapter 7 of this title, referred to in subsec. (a)(3)(A)(ii), is classified to 42 U.S.C.A. § 1396 et seq. or 1397aa et seq.

The Head Start Act, referred to in subsec. (b)(7)(B), is subchapter B (sections 635 to 657) of chapter 8 of subtitle A of Title VI of Pub.L. 97–35, Aug. 13, 1981, 95 Stat. 499, as amended, which is classified generally to subchapter II (section 9831 et seq.) of chapter 105 of this title. For complete classification of this Act to the Code, see Short Title note set out under section 9801 of this title and Tables.

The Individuals with Disabilities Education Act, referred to in subsec. (b)(8), is Title VI of Pub.L. 91–230, Apr. 13, 1970, 84 Stat. 175, as amended. Part H of the Act is classified principally to subpart 1 of part B of subchapter IV of chapter 33 of Title 20 [20 U.S.C.A. § 1471 et seq.]. For complete classification of this Act to the Code, see section 1400 of Title 20 and Tables.

The Alaska Native Claims Settlement Act, referred to in subsec. (n)(3), is Pub.L. 92–203, Dec. 18, 1971, 85 Stat. 688, as amended, which is classified generally to chapter 33 (section 1601 et seq.) of Title 43, Public Lands. For complete classification of this Act to the Code, see Short Title note set out under section 1601 of Title 43 and Tables.

Codifications

Section was formerly classified as section 280d of this title (under part L of subchapter II of this chapter) prior to transfer and redesignation as section 290bb–25 of this title.

Amendment by section 3106(*l*)(5) of Pub.L. 106–310, purporting to amend subsec. (k)(2) (as redesignated) by striking "subsection (h)" and inserting "subsection (i)", was incapable of execution since such "subsection (h)" reference only appears in subsec. (j)(2) of this section, which, along with subsecs. (g) to (i) of this section, was unaffected by redesignations made by section 3106(*l*) of Pub.L. 106–310.

Amendments by section 3106(*l*)(6) of Pub.L. 106–310, purporting to amend subsec. (m)(3)(E) and (5) (as redesignated) by striking "subsection (d)" and inserting "subsection (e)", were incapable of execution since pars. (3)(E) and (5) of subsec. (m), now redesignated subsec. (*l*)(3)(E) and (5), were repealed by section 3106(h)(2)(C) and (3) of Pub.L. 106–310.

Amendments

2000 Amendments. Subsec. (a)(1). Pub.L. 106–310, § 3106(a)(1)(A), substituted "the Administrator of the Substance Abuse and Mental Health Services Administration" for "the Administrator of the Health Resources and Services Administration".

Subsec. (a)(1)(B). Pub.L. 106–310, § 3106(a)(2)(A), struck out "and" at the end of subpar. (B).

Subsec. (a)(1)(C). Pub.L. 106–310, § 3106(a)(2)(B), substituted "such families through youth service agencies, family social services, child care providers, Head Start, schools and after-school programs, early childhood development programs, community-based family resource and support centers, the criminal justice system, health, substance abuse and mental health providers through screenings conducted during regular childhood examinations and other examinations, self and family member referrals, substance abuse treatment services, and other providers of services to children and families; and" for "such families.".

Subsec. (a)(1)(D). Pub.L. 106–310, § 3106(a)(2)(C), added subpar. (D).

Subsec. (a)(2). Pub.L. 106–310, § 3106(a)(1)(B), substituted "Administrator of the Health Resources and Services Administration" for "Administrator of the Substance Abuse and Mental Health Services Administration".

Subsec. (a)(3)(A). Pub.L. 106–310, § 3106(a)(3), rewrote subpar. (A), which formerly read:

"(A) Subject to subparagraph (B), the Secretary may make a grant under paragraph (1) only if, in the case of any service under such paragraph that is covered in the State plan approved under subchapter XIX of chapter 7 of this title [42 U.S.C.A. § 1396 et seq.] for the State involved—

"(i) the entity involved will provide the service directly, and the entity has entered into a participation agreement under the State plan and is qualified to receive payments under such plan; or

"(ii) the entity will enter into an agreement with an organization under which the organization will provide the service, and the organization has entered into such a participation agreement and is qualified to receive such payments.".

Subsec. (b). Pub.L. 106–310, § 3106(b)(3), inserted the following undesignated paragraph: "Services shall be provided under paragraphs (2) through (8) by a public health nurse, social worker, or similar professional, or by a trained worker from the community who is supervised by a professional, or by an entity, where the professional or entity provides assurances that the professional or entity is licensed or certified by the State if required and is complying with applicable licensure or certification requirements." following par. (8) at the end subsec. (b).

Subsec. (b)(1). Pub.L. 106–310, § 3106(b)(1), inserted "alcohol and drug," following "psychological,".

Subsec. (b)(5). Pub.L. 106–310, § 3106(b)(2), rewrote par. (5), which formerly read: "Preventive counseling services.".

Subsec. (c)(1). Pub.L. 106–310, § 3106(c)(1)(A), in the matter preceding subpar. (A), substituted "supervised by a professional, or by an entity, where the professional or entity provides assurances that the professional or entity is licensed or certified by the State if required and is complying with applicable licensure or certification requirements:" for "supervised by a professional:".

Subsec. (c)(1)(D), (E). Pub.L. 106–310, § 3106(c)(1)(B), added subpars. (D) and (E).

Subsec. (c)(2)(A). Pub.L. 106–310, § 3106(c)(2)(A), rewrote subpar. (A), which formerly read: "Encouragement and, where necessary, referrals to participate in appropriate substance abuse treatment.".

Subsec. (c)(2)(C). Pub.L. 106–310, § 3106(c)(2)(B), substituted "life options and counseling on the human immunodeficiency virus and acquired immune deficiency syndrome" for "life options, including education and career planning".

Subsec. (c)(2)(D). Pub.L. 106–310, § 3106(c)(2)(C), substituted "family violence" for "family conflict and violence".

Subsec. (c)(2)(E). Pub.L. 106–310, § 3106(c)(2)(D), substituted "Career planning and education services" for "Remedial education services".

Subsec. (c)(3)(D). Pub.L. 106–310, § 3106(c)(3), inserted "which include child abuse and neglect prevention techniques" before the period at the end of subpar. (D).

Subsec. (d). Pub.L. 106–310, § 3106(*l*)(3), (4), added subsec. (d) and redesignated former subsec. (d) as (e).

Subsec. (e). Pub.L. 106–310, § 3106(*l*)(3), redesignated former subsec. (d) as (e). Former subsec. (e) redesignated (f).

Pub.L. 106–310, § 3106(d)(1), rewrote the introductory paragraph, which formerly read:

"Considerations in making grants

"In making grants under subsection (a) of this section, the Secretary shall ensure that the grants are reasonably distributed among the following types of entities:"

Subsec. (e)(1). Pub.L. 106–310, § 3106(d)(2), substituted "drug early intervention, prevention or treatment" for "drug treatment".

Subsec. (e)(2)(A). Pub.L. 106–310, § 3106(d)(3)(A), substituted "; or" for "; and".

Subsec. (e)(2)(B). Pub.L. 106–310, § 3106(d)(3)(B), inserted "or pediatric health or mental health providers and family mental health providers" before the period at the end of subpar. (B).

Subsec. (f). Pub.L. 106–310, § 3106(*l*)(1), (3), struck out former subsec. (f) and redesignated former subsec. (e) as (f). Prior to repeal, former subsec. (f) read as follows:

"(f) Coordination with other providers

"The Secretary may make a grant under subsection (a) of this section only if the applicant involved agrees to coordinate its activities with those of the State lead agency, and the State Interagency Coordinating Council, under part H of the Individuals with Disabilities Education Act [20 U.S.C.A. § 1471 et seq.].".

Subsec. (h)(2). Pub.L. 106–310, § 3106(e)(1), rewrote par. (2), which formerly read: "a description of the mechanism that will be used to involve the local public agencies responsible for health, mental health, child welfare, education, juvenile justice, developmental disabilities, and substance abuse treatment programs in planning and providing services under this section, as well as evidence that the proposal has been coordinated with the State agencies responsible for administering those programs and the State agency responsible for administering public maternal and child health services;".

Subsec. (h)(3), (4). Pub.L. 106–310, § 3106(e)(2), struck out former par. (3) and redesignated former par. (4) as par. (3). Prior to repeal, former par. (3) read:

"(3) information demonstrating that the applicant has established a collaborative relationship with child welfare agencies and child protective services that will enable the applicant, where appropriate, to—

"(A) provide advocacy on behalf of substance abusers and the children of substance abusers in child protective services cases;

"(B) provide services to help prevent the unnecessary placement of children in substitute care; and

'(C) promote reunification of families or permanent plans for the placement of the child; and".

Subsec. (i)(6)(B). Pub.L. 106–310, § 3106(f)(1), inserted "and" at the end.

Subsec. (i)(6)(C)–(E). Pub.L. 106–310, § 3106(f)(2), inserted a new subpar. (C) and struck out former subpars. (C) through (E). Prior to repeal, former subpars. (C) to (E) read as follows:

"(C) the number of children served who were placed in out-of-home care during the period in which entities provided services under this section;

"(D) the number of children described in subparagraph (C) who were reunited with their families; and

"(E) the number of children described in subparagraph (C) for whom a permanent plan has not been made or for whom the permanent plan is other than family reunification;".

Subsec. (k). Pub.L. 106–310, § 3106(*l*)(2), (3), struck out former subsec. (k) and redesignated former subsec. (*l*) as (k). Prior to repeal, former subsec. (k) read as follows:

"(k) **Peer review**

"(1) **Requirement**

"In making determinations for awarding grants under subsection (a) of this section, the Secretary shall rely on the recommendations of the peer review panel established under paragraph (2).

"(2) **Composition**

"The Secretary shall establish a review panel to make recommendations under paragraph (1) that shall be composed of—

"(A) national experts in the fields of maternal and child health, substance abuse treatment, and child welfare; and

"(B) representatives of relevant Federal agencies, including the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, and the Administration for Children, Youth, and Families."

Subsec. (k)(2). Pub.L. 106–310, § 310(*l*)(5), purported to substitute "(i)" for "(h)". See Codifications note under this section.

Subsec. (k)(3). Pub.L. 106–310, § 3106(g)(1), inserted "and" at the end of par. (3).

Subsec. (k)(4). Pub.L. 106–310, § 3106(g)(2), struck out the semicolon at the end of par. (4) and inserted the following: ", including increased participation in work or employment-related activities and decreased participation in welfare programs.".

Subsec. (k)(5), (6). Pub.L. 106–310, § 3106(g)(3), struck out pars. (5) and (6). Prior to repeal, pars. (5) and (6) read as follows:

"(5) in reducing the incidence of out-of-home placement for children whose parents receive services under the program; and

"(6) in facilitating the reunification of families after children have been placed in out-of-home care.".

Subsec. (*l*). Pub.L. 106–310, § 3106(*l*)(3), redesignated former subsec. (m) as (*l*). Former subsec. (*l*) redesignated (k).

Subsec. (*l*)(2). Pub.L. 106–310, § 3106(h)(1), inserted "and" at the end of par. (2).

Subsec. (*l*)(3)(A). Pub.L. 106–310, § 3106(h)(2)(A), inserted "and" at the end of subpar. (A).

Subsec. (*l*)(3)(B). Pub.L. 106–310, § 3106(h)(2)(B), substituted a period for the semicolon at the end of subpar. (B).

Subsec. (*l*)(3)(C) to (E). Pub.L. 106–310, § 3106(h)(2)(C), struck out subpars. (C) though (E). Prior to repeal, subpars. (C) to (E) read as follows:

"(C) the number of children served who were placed in out-of-home care during the period in which entities provided services under this section;

"(D) the number of children described in subparagraph (C) who were reunited with their families; and

"(E) the number of children described in subparagraph (C) who were permanently placed in out-of-home care;

analyzed by the type of entity described in subsection (e) of this section that provided services;".

Subsec. (*l*)(4), (5). Pub.L. 106–310, § 3106(h)(3), struck out pars. (4) and (5). Prior to repeal, pars. (4) and (5) read as follows:

"(4) an analysis of the access provided to, and use of, related services and alcohol and drug treatment through programs carried out under this section; and

"(5) a comparison of the costs of providing services through each of the types of entities described in subsection (d) of this section.".

Subsec. (m). Pub.L. 106–310, § 3106(*l*)(3), redesignated former subsec. (n) as (m). Former subsec. (m) redesignated (*l*).

Pub.L. 106–310, § 3106(i), at the end of redesignated subsec. (m), added the following sentence: "The periodic report shall include a quantitative estimate of the prevalence of alcohol and drug problems in families involved in the child welfare system, the barriers to treatment and prevention services facing these families, and policy recommendations for removing the identified barriers, including training for child welfare workers."

Subsec. (m)(3)(E), (5). Pub.L. 106–310, § 3106(*l*)(6), purported to substitute "(e)" for "(d)". See Codifications note under this section.

Subsec. (n). Pub.L. 106–310, § 3106(*l*)(3), redesignated former subsec. (*o*) as (n). Former subsec. (n) redesignated (m).

Subsec. (n)(2)(B). Pub.L. 106–310, § 3106(j), substituted "alcohol or other drugs" for "alcohol or other dangerous drugs".

Subsecs. (*o*), (p). Pub.L. 106–310, § 3106(k), (*l*)(3), redesignated former subsec. (p) as (*o*) and former subsec. (*o*) as (n) and rewrote redesignated subsec. (*o*). Prior to amendment, redesignated subsec. (*o*) read:

"(p) **Funding**

"(1) **Authorization of appropriations**

"For the purpose of carrying out this section, there are authorized to be appropriated $50,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.

"(2) **Contingent authority regarding training of certain individuals**

"Of the amounts appropriated under paragraph (1) for a fiscal year in excess of $25,000,000, the Secretary may make available not more than 15 percent for the training of health care professionals and other personnel (including child welfare providers) who provide services to children and families of substance abusers."

Effective and Applicability Provisions

1992 Acts. Section effective July 10, 1992, with programs making awards providing financial assistance in fiscal year 1993 and subsequent years effective on Oct. 1, 1992, see section 801(b), (d)(1) of Pub.L. 102–321, set out as a note under section 236 of this title.

Change of Name

Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.

Reference to Community, Migrant, Public Housing, or Homeless Health Center

Reference to a community health center, migrant health center, public housing health center, or homeless health center is considered a reference to a health center, see section 4(c) of Pub.L. 104–299, set out as a note under section 254b of this title.

Rule of Construction

Section 401(b) of Pub.L. 102–321 provided that: "With respect to the program established in section 399D of the Public Health Service Act (as added by subsection (a) of this section [this section]), nothing in such section 399D may be construed as establishing for any other Federal program any requirement, authority, or prohibition, including with respect to recipients of funds under such other Federal programs."

LIBRARY REFERENCES

American Digest System

Chemical Dependents ⟹10.
Key Number System Topic No. 76A.

Encyclopedias

Chemical Dependents, see C.J.S. § 10.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 290bb–25a. Grants for strengthening families

(a) Program authorized

The Secretary, acting through the Director of the Prevention Center, may make grants to public and nonprofit private entities to develop and implement model substance abuse prevention programs to provide early intervention and substance abuse prevention services for individuals of high-risk families and the communities in which such individuals reside.

(b) Priority

In awarding grants under subsection (a), the Secretary shall give priority to applicants that—

(1) have proven experience in preventing substance abuse by individuals of high-risk families and reducing substance abuse in communities of such individuals;

(2) have demonstrated the capacity to implement community-based partnership initiatives that are sensitive to the diverse backgrounds of individuals of high-risk families and the communities of such individuals;

(3) have experience in providing technical assistance to support substance abuse prevention programs that are community-based;

(4) have demonstrated the capacity to implement research-based substance abuse prevention strategies; and

(5) have implemented programs that involve families, residents, community agencies, and institutions in the implementation and design of such programs.

(c) Duration of grants

The Secretary shall award grants under subsection (a) for a period not to exceed 5 years.

(d) Use of funds

An applicant that is awarded a grant under subsection (a) shall—

(1) in the first fiscal year that such funds are received under the grant, use such funds to develop a model substance abuse prevention program; and

(2) in the fiscal year following the first fiscal year that such funds are received, use such funds to implement the program developed under paragraph (1) to provide early intervention and substance abuse prevention services to—

(A) strengthen the environment of children of high risk families by targeting interventions at the families of such children and the communities in which such children reside;

(B) strengthen protective factors, such as—

(i) positive adult role models;

(ii) messages that oppose substance abuse;

(iii) community actions designed to reduce accessibility to and use of illegal substances; and

(iv) willingness of individuals of families in which substance abuse occurs to seek treatment for substance abuse;

(C) reduce family and community risks, such as family violence, alcohol or drug abuse, crime, and other behaviors that may effect healthy child development and increase the likelihood of substance abuse; and

(D) build collaborative and formal partnerships between community agencies, institutions, and businesses to ensure that comprehensive high quality services are provided, such as early childhood education, health care, family support programs, parent education programs, and home visits for infants.

(e) Application

To be eligible to receive a grant under subsection (a), an applicant shall prepare and submit to the Secretary an application that—

(1) describes a model substance abuse prevention program that such applicant will establish;

(2) describes the manner in which the services described in subsection (d)(2) will be provided; and

(3) describe in as much detail as possible the results that the entity expects to achieve in implementing such a program.

(f) Matching funding

The Secretary may not make a grant to a entity under subsection (a) unless that entity agrees that, with respect to the costs to be incurred by the entity in carrying out the program for which the grant was awarded, the entity will make available non-Federal contributions in an amount that is not less than 40 percent of the amount provided under the grant.

(g) Report to Secretary

An applicant that is awarded a grant under subsection (a) shall prepare and submit to the Secretary a report in such form and containing such information as the Secretary may require, including an assessment of the efficacy of the model substance abuse prevention program implemented by the applicant and the short, intermediate, and long term results of such program.

(h) Evaluations

The Secretary shall conduct evaluations, based in part on the reports submitted under subsection (g), to determine the effectiveness of the programs funded under subsection (a) in reducing substance use in high-risk families and in making communities in which such families reside in stronger. The Secretary shall submit such evaluations to the appropriate committees of Congress.

(i) High-risk families

In this section, the term "high-risk family" means a family in which the individuals of such family are at a significant risk of using or abusing alcohol or any illegal substance.

(j) Authorization of appropriations

There is authorized to be appropriated to carry out this section, $3,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003.

(July 1, 1944, c. 373, Title V, § 519A, as added Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXI, § 3108, 114 Stat. 1180.)

LIBRARY REFERENCES

American Digest System

Infants ⟹12, 13.
Key Number System Topic No. 211.
United States ⟹32, 41, 82(2), 85.
Key Number System Topic No. 393.

Encyclopedias

Infants, see C.J.S. §§ 5 to 6, 10, 32, 41, 43 to 44, 92 to 93, 95 to 98.
United States, see C.J.S. §§ 32, 41, 122 to 123.

§ 290bb–25b. Programs to reduce underage drinking

(a) In general

The Secretary shall make awards of grants, cooperative agreements, or contracts to public and nonprofit private entities, including Indian tribes and tribal organizations, to enable such entities to develop plans for and to carry out school-based (including institutions of higher education) and community-based programs for the prevention of alcoholic-beverage consumption by individuals who have not attained the legal drinking age.

(b) Eligibility requirements

To be eligible to receive an award under subsection (a), an entity shall provide any assurances to the Secretary which the Secretary may require, including that the entity will—

(1) annually report to the Secretary on the effectiveness of the prevention approaches implemented by the entity;

(2) use science based and age appropriate approaches; and

(3) involve local public health officials and community prevention program staff in the planning and implementation of the program.

(c) Evaluation

The Secretary shall evaluate each project under subsection (a) and shall disseminate the findings with respect to each such evaluation to appropriate public and private entities.

(d) Geographical distribution

The Secretary shall ensure that awards will be distributed equitably among the regions of the country and among urban and rural areas.

(e) Duration of award

With respect to an award under subsection (a), the period during which payments under such award are made to the recipient may not exceed 5 years. The preceding sentence may not be construed as establishing a limitation on the number of awards under such subsection that may be made to the recipient.

(f) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated $25,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003.

(July 1, 1944, c. 373, Title V, § 519B, as added Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXI, § 3109, 114 Stat. 1182.)

LIBRARY REFERENCES

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Indians ⟹6(1).
Key Number System Topic No. 209.
Infants ⟹12, 13.
Key Number System Topic No. 211.
Schools ⟹157.
Key Number System Topic No. 345.
United States ⟹32, 41, 82(2), 85.
Key Number System Topic No. 393.

Encyclopedias

Indians, see C.J.S. §§ 30, 38 to 42, 44 to 45, 137 to 153.

Infants, see C.J.S. §§ 5 to 6, 10, 32, 41, 43 to 44, 92 to 93, 95 to 98.
Schools and School Districts, see C.J.S. §§ 722 to 723, 725.
United States, see C.J.S. §§ 32, 41, 122 to 123.

§ 290bb–25c. Services for individuals with fetal alcohol syndrome

(a) In general

The Secretary shall make awards of grants, cooperative agreements, or contracts to public and nonprofit private entities, including Indian tribes and tribal organizations, to provide services to individuals diagnosed with fetal alcohol syndrome or alcohol-related birth defects.

(b) Use of funds

An award under subsection (a) may, subject to subsection (d), be used to—

(1) screen and test individuals to determine the type and level of services needed;

(2) develop a comprehensive plan for providing services to the individual;

(3) provide mental health counseling;

(4) provide substance abuse prevention services and treatment, if needed;

(5) coordinate services with other social programs including social services, justice system, educational services, health services, mental health and substance abuse services, financial assistance programs, vocational services and housing assistance programs;

(6) provide vocational services;

(7) provide health counseling;

(8) provide housing assistance;

(9) parenting skills training;

(10) overall case management;

(11) supportive services for families of individuals with Fetal Alcohol Syndrome; and

(12) provide other services and programs, to the extent authorized by the Secretary after consideration of recommendations made by the National Task Force on Fetal Alcohol Syndrome.

(c) Requirements

To be eligible to receive an award under subsection (a), an applicant shall—

(1) demonstrate that the program will be part of a coordinated, comprehensive system of care for such individuals;

(2) demonstrate an established communication with other social programs in the community including social services, justice system, financial assistance programs, health services, educational services, mental health and substance abuse services, vocational services and housing assistance services;

(3) show a history of working with individuals with fetal alcohol syndrome or alcohol-related birth defects;

(4) provide assurance that the services will be provided in a culturally and linguistically appropriate manner; and

(5) provide assurance that at the end of the 5–year award period, other mechanisms will be identified to meet the needs of the individuals and families served under such award.

(d) Relationship to payments under other programs

An award may be made under subsection (a) only if the applicant involved agrees that the award will not be expended to pay the expenses of providing any service under this section to an individual to the extent that payment has been made, or can reasonably be expected to be made, with respect to such expenses—

(1) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or

(2) by an entity that provides health services on a prepaid basis.

(e) Duration of awards

With respect to an award under subsection (a), the period during which payments under such award are made to the recipient may not exceed 5 years.

(f) Evaluation

The Secretary shall evaluate each project carried out under subsection (a) and shall disseminate the findings with respect to each such evaluation to appropriate public and private entities.

(g) Funding

(1) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated $25,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003.

(2) Allocation

Of the amounts appropriated under paragraph (1) for a fiscal year, not less than $300,000 shall, for purposes relating to fetal alcohol syndrome and alcohol-related birth defects, be made available for collaborative, coordinated interagency efforts with the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Child Health and Human Development, the Health Resources and Services Administration, the Agency for Healthcare Research and Quality, the Centers for Disease Control and Prevention, the Department of Education, and the Department of Justice.

(July 1, 1944, c. 373, Title V, § 519C, as added Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXI, § 3110, 114 Stat. 1183.)

LIBRARY REFERENCES

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United States ⟹32, 41, 82(2), 85.
Key Number System Topic No. 393.

Encyclopedias

Indians, see C.J.S. §§ 30, 38 to 42, 44 to 45, 137 to 153.
Infants, see C.J.S. §§ 5 to 6, 10, 32, 41, 43 to 44, 92 to 93, 95 to 98.
United States, see C.J.S. §§ 32, 41, 122 to 123.

§ 290bb–25d. Centers of excellence on services for individuals with fetal alcohol syndrome and alcohol-related birth defects and treatment for individuals with such conditions and their families

(a) In general

The Secretary shall make awards of grants, cooperative agreements, or contracts to public or nonprofit private entities for the purposes of establishing not more than four centers of excellence to study techniques for the prevention of fetal alcohol syndrome and alcohol-related birth defects and adaptations of innovative clinical interventions and service delivery improvements for the provision of comprehensive services to individuals with fetal alcohol syndrome or alcohol-related birth defects and their families and for providing training on such conditions.

(b) Use of funds

An award under subsection (a) may be used to—

(1) study adaptations of innovative clinical interventions and service delivery improvements strategies for children and adults with fetal alcohol syndrome or alcohol-related birth defects and their families;

(2) identify communities which have an exemplary comprehensive system of care for such individuals so that they can provide technical assistance to other communities attempting to set up such a system of care;

(3) provide technical assistance to communities who do not have a comprehensive system of care for such individuals and their families;

(4) train community leaders, mental health and substance abuse professionals, families, law enforcement personnel, judges, health professionals, persons working

in financial assistance programs, social service personnel, child welfare professionals, and other service providers on the implications of fetal alcohol syndrome and alcohol-related birth defects, the early identification of and referral for such conditions;

(5) develop innovative techniques for preventing alcohol use by women in child bearing years;

(6) perform other functions, to the extent authorized by the Secretary after consideration of recommendations made by the National Task Force on Fetal Alcohol Syndrome.

(c) Report

(1) In general

A recipient of an award under subsection (a) shall at the end of the period of funding report to the Secretary on any innovative techniques that have been discovered for preventing alcohol use among women of child bearing years.

(2) Dissemination of findings

The Secretary shall upon receiving a report under paragraph (1) disseminate the findings to appropriate public and private entities.

(d) Duration of awards

With respect to an award under subsection (a), the period during which payments under such award are made to the recipient may not exceed 5 years.

(e) Evaluation

The Secretary shall evaluate each project carried out under subsection (a) and shall disseminate the findings with respect to each such evaluation to appropriate public and private entities.

(f) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated $5,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003.

(July 1, 1944, c. 373, Title V, § 519D, as added Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXI, § 3110, 114 Stat. 1185.)

LIBRARY REFERENCES

American Digest System

Infants ⟹12, 13.
Key Number System Topic No. 211.
United States ⟹32, 41, 82(2), 85.
Key Number System Topic No. 393.

Encyclopedias

Infants, see C.J.S. §§ 5 to 6, 10, 32, 41, 43 to 44, 92 to 93, 95 to 98.
United States, see C.J.S. §§ 32, 41, 122 to 123.

§ 290bb–25e. Prevention of methamphetamine and inhalant abuse and addiction

(a) Grants

The Director of the Center for Substance Abuse Prevention (referred to in this section as the "Director") may make grants to and enter into contracts and cooperative agreements with public and nonprofit private entities to enable such entities—

(1) to carry out school-based programs concerning the dangers of methamphetamine or inhalant abuse and addiction, using methods that are effective and evidence-based, including initiatives that give students the responsibility to create their own anti-drug abuse education programs for their schools; and

(2) to carry out community-based methamphetamine or inhalant abuse and addiction prevention programs that are effective and evidence-based.

(b) Use of funds

Amounts made available under a grant, contract or cooperative agreement under subsection (a) shall be used for planning, establishing, or administering methamphetamine or inhalant prevention programs in accordance with subsection (c).

(c) Prevention programs and activities

(1) In general

Amounts provided under this section may be used—

(A) to carry out school-based programs that are focused on those districts with high or increasing rates of methamphetamine or inhalant abuse and addiction and targeted at populations which are most at risk to start methamphetamine or inhalant abuse;

(B) to carry out community-based prevention programs that are focused on those populations within the community that are most at-risk for methamphetamine or inhalant abuse and addiction;

(C) to assist local government entities to conduct appropriate methamphetamine or inhalant prevention activities;

(D) to train and educate State and local law enforcement officials, prevention and education officials, members of community anti-drug coalitions and parents on the signs of methamphetamine or inhalant abuse and addiction and the options for treatment and prevention;

(E) for planning, administration, and educational activities related to the prevention of methamphetamine or inhalant abuse and addiction;

(F) for the monitoring and evaluation of methamphetamine or inhalant prevention activities, and reporting and disseminating resulting information to the public; and

(G) for targeted pilot programs with evaluation components to encourage innovation and experimentation with new methodologies.

(2) Priority

The Director shall give priority in making grants under this section to rural and urban areas that are experiencing a high rate or rapid increases in methamphetamine or inhalant abuse and addiction.

(d) Analyses and evaluation

(1) In general

Up to $500,000 of the amount available in each fiscal year to carry out this section shall be made available to the Director, acting in consultation with other Federal agencies, to support and conduct periodic analyses and evaluations of effective prevention programs for methamphetamine or inhalant abuse and addiction and the development of appropriate strategies for disseminating information about and implementing these programs.

(2) Annual reports

The Director shall submit to the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate and the Committee on Commerce and Committee on Appropriations of the House of Representatives, an annual report with the results of the analyses and evaluation under paragraph (1).

(e) Authorization of appropriations

There is authorized to be appropriated to carry out subsection (a), $10,000,000 for fiscal year 2001, and such sums as may be necessary for each of fiscal years 2002 and 2003.

(July 1, 1944, c. 373, Title V, § 519E, as added Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXI, § 3104(c), 114 Stat. 1173.)

LIBRARY REFERENCES

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Schools ⟹157.
Key Number System Topic No. 345.
United States ⟹41, 82(2), 85.
Key Number System Topic No. 393.

Encyclopedias

Infants, see C.J.S. §§ 5 to 6, 10, 32, 41, 43 to 44, 92 to 93, 95 to 98.
Schools and School Districts, see C.J.S. §§ 722 to 723, 725.
United States, see C.J.S. §§ 41, 122 to 123.

Subpart 3—Center for Mental Health Services

HISTORICAL AND STATUTORY NOTES

Codifications

Pub.L. 102–321, Title I, § 115(a), July 10, 1992, 106 Stat. 347, added subpart 3 heading "Center for Mental Health Services". A prior subpart 3 heading "Mental Health Research", set out preceding former section 290cc–11 of this title, was deleted by Pub.L. 102–321, Title I, § 107(1), July 10, 1992, 106 Stat. 335.

§ 290bb–31. Center for Mental Health Services

(a) Establishment

There is established in the Administration a Center for Mental Health Services (hereafter in this section referred to as the "Center"). The Center shall be headed by a Director (hereafter in this section referred to as the "Director") appointed by the Secretary from among individuals with extensive experience or academic qualifications in the provision of mental health services or in the evaluation of mental health service systems.

(b) Duties

The Director of the Center shall—

(1) design national goals and establish national priorities for—

(A) the prevention of mental illness; and

(B) the promotion of mental health;

(2) encourage and assist local entities and State agencies to achieve the goals and priorities described in paragraph (1);

(3) collaborate with the Department of Education and the Department of Justice to develop programs to assist local communities in addressing violence among children and adolescents;

(4) develop and coordinate Federal prevention policies and programs and to assure increased focus on the prevention of mental illness and the promotion of mental health;

(5) develop improved methods of treating individuals with mental health problems and improved methods of assisting the families of such individuals;

(6) administer the mental health services block grant program authorized in section 300x of this title;

(7) promote policies and programs at Federal, State, and local levels and in the private sector that foster independence and protect the legal rights of persons with mental illness, including carrying out the provisions of the Protection and Advocacy of Mentally Ill Individuals Act;

(8) carry out the programs under part C of this subchapter;

(9) carry out responsibilities for the Human Resource Development programs;

(10) conduct services-related assessments, including evaluations of the organization and financing of care, self-help and consumer-run programs, mental health economics, mental health service systems, rural mental health, and improve the capacity of State to conduct evaluations of publicly funded mental health programs;

(11) establish a clearinghouse for mental health information to assure the widespread dissemination of such information to States, political subdivisions, educational agencies and institutions, treatment and prevention service providers, and the general public, including information concerning the practical application of research supported by the National Institute of Mental Health that is applicable to improving the delivery of services;

(12) provide technical assistance to public and private entities that are providers of mental health services;

(13) monitor and enforce obligations incurred by community mental health centers pursuant to the Community Mental Health Centers Act (as in effect prior to the repeal of such Act on August 13, 1981, by section 902(e)(2)(B) of Public Law 97–35 (95 Stat. 560));

(14) conduct surveys with respect to mental health, such as the National Reporting Program; and

(15) assist States in improving their mental health data collection.

(c) Grants and contracts

In carrying out the duties established in subsection (b) of this section, the Director may make grants to and enter into contracts and cooperative agreements with public and nonprofit private entities.

(July 1, 1944, c. 373, Title V, § 520, as added July 10, 1992, Pub.L. 102–321, Title I, § 115(a), 106 Stat. 346, and amended Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXI, § 3112(c), 114 Stat. 1188.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

References in Text

The Protection and Advocacy for Mentally Ill Individuals Act, referred to in subsec. (b)(7), is Pub.L. 99–319, May 23, 1986, 100 Stat. 478, as amended, which is classified generally to chapter 114 (§ 10801 et seq.) of this title. For complete classification of this Act to the Code, see Short Title note set out under section 10801 of this title and Tables.

Part C of this subchapter, referred to in subsec. (b)(8), is classified to 42 U.S.C.A. § 290cc–21 et seq.

The Community Mental Health Centers Act (as in effect prior to the repeal of such Act on August 13, 1981, by section 902(e)(2)(B) of Public Law 97–35 (95 Stat. 560)), referred to in subsec. (b)(13), was Pub.L. 88–164, Title II, as added Pub.L. 94–63, Title III, § 303, July 29, 1975, 89 Stat. 309, as amended, which was classified generally to part A (§ 2689 et seq.) of subchapter III of chapter 33 of this title.

Amendments

2000 Amendments. Subsec. (b)(3). Pub.L. 106–310, § 3112(c)(1), (2), added par. (3) and redesignated former par. (3) as (4). Former par. (4) redesignated (5).

Subsec. (b)(4). Pub.L. 106–310, § 3112(c)(1), redesignated former par. (3) as (4). Former par. (4) redesignated (5).

Subsec. (b)(5). Pub.L. 106–310, § 3112(c)(1), redesignated former par. (4) as (5). Former par. (5) redesignated (6).

Subsec. (b)(6). Pub.L. 106–310, § 3112(c)(1), redesignated former par. (5) as (6). Former par. (6) redesignated (7).

Subsec. (b)(7). Pub.L. 106–310, § 3112(c)(1), redesignated former par. (6) as (7). Former par. (7) redesignated (8).

Subsec. (b)(8). Pub.L. 106–310, § 3112(c)(1), (3), redesignated former par. (7) as (8) and, as so redesignated, rewrote such par. (8), which formerly read: "carry out the programs authorized under sections 290bb–32 and 290cc–21 of this title, including the Community Support Program and the Child and Adolescent Service System Programs;".

Subsec. (b)(9). Pub.L. 106–310, § 3112(c)(1), (4), redesignated former par. (8) as (9) and, as so redesignated, substituted "programs" for "program, and programs of clinical training for professional and paraprofessional personnel pursuant to section 242a of this title". Former par. (9) was redesignated (10).

Subsec. (b)(10). Pub.L. 106–310, § 3112(c)(1), redesignated former par. (9) as (10). Former par. (10) redesignated (11).

Subsec. (b)(11). Pub.L. 106–310, § 3112(c)(1), redesignated former par. (10) as (11). Former par. (11) redesignated (12).

Subsec. (b)(12). Pub.L. 106–310, § 3112(c)(1), redesignated former par. (11) as (12). Former par. (12) redesignated (13).

Subsec. (b)(13). Pub.L. 106–310, § 3112(a)(1), redesignated former par. (12) as (13). Former par. (13) redesignated (14).

Subsec. (b)(14). Pub.L. 106–310, § 3112(a)(1), redesignated former par. (13) as (14). Former par. (14) redesignated (15).

Subsec. (b)(15). Pub.L. 106–310, § 3112(c)(1), redesignated former par. (14) as (15).

Effective and Applicability Provisions

1992 Acts. Section effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal year 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of this title.

Prior Provisions

A prior section 520 of Act July 1, 1944, formerly § 520A, as added Nov. 18, 1988, Pub.L. 100–690, Title II, § 2057(3), 102 Stat. 4212, and renumbered § 520 and amended Aug. 16, 1989, Pub.L. 101–93, § 3(e), (g), 103 Stat. 610, 611; Nov. 28, 1990, Pub.L. 101–639, § 2, 104 Stat. 4600, 4601, which authorized establishment of grant programs for demonstration projects relating to seriously mentally ill individuals, children and adolescents with serious mental and emotional disturbances, and individuals at risk of mental illness, and which was classified to section 290cc–13 of this title, was renumbered section 520A of Act July 1, 1944, transferred to section 290bb–32 of this title, and amended by Pub.L. 102–321, Title I, § 116, July 10, 1992, 106 Stat. 348.

Another prior section 520 of Act July 1, 1944, as added Nov. 18, 1988, Pub.L. 100–690, Title II, § 2057(3), 102 Stat. 4212, which was renumbered section 519 of Act July 1, 1944 by Pub.L. 101–93, § 3(e)(1)(A), Aug. 16, 1989, 103 Stat. 610, which was classified to section 290cc–12 of this title, and which related to National Mental Health Education Program, was repealed by Pub.L. 102–321, Title I, § 117, July 10, 1992, 106 Stat. 348.

Provision of Mental Health Services to Individuals in Correctional Facilities

Section 703 of Pub.L. 102–321 provided that: "Not later than 18 months after the date of enactment of this Act [July 10, 1992], the Secretary of Health and Human Services, acting through the Director of the Center for Mental Health Services, shall prepare and submit to the appropriate committees of Congress a report concerning the most effective methods for providing mental health services to individuals who come into contact with the criminal justice system, including those individuals incarcerated in correctional facilities (including local jails and detention facilities), and the obstacles to providing such services. Such study shall be carried out in consultation with the National Institute of Mental Health, the Department of Justice, and other appropriate public and private entities."

LIBRARY REFERENCES

American Digest System

Mental Health ⟹20.
Key Number System Topic No. 257A.

Encyclopedias

Mental Health, see C.J.S. § 14.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 290bb–32. Priority mental health needs of regional and national significance

(a) Projects

The Secretary shall address priority mental health needs of regional and national significance (as determined under subsection (b)) through the provision of or through assistance for—

(1) knowledge development and application projects for prevention, treatment, and rehabilitation, and the conduct or support of evaluations of such projects;

(2) training and technical assistance programs;

(3) targeted capacity response programs; and

(4) systems change grants including statewide family network grants and client-oriented and consumer run self-help activities.

The Secretary may carry out the activities described in this subsection directly or through grants or cooperative agreements with States, political subdivisions of States, Indian tribes and tribal organizations, other public or private nonprofit entities.

(b) Priority mental health needs

(1) Determination of needs

Priority mental health needs of regional and national significance shall be determined by the Secretary in consultation with States and other interested groups. The Secretary shall meet with the States and interested groups on an annual basis to discuss program priorities.

(2) Special consideration

In developing program priorities described in paragraph (1), the Secretary shall give special consideration to promoting the integration of mental health services into primary health care systems.

(c) Requirements

(1) In general

Recipients of grants, contracts, and cooperative agreements under this section shall comply with information and application requirements determined appropriate by the Secretary.

(2) Duration of award

With respect to a grant, contract, or cooperative agreement awarded under this section, the period during which payments under such award are made to the recipient may not exceed 5 years.

(3) Matching funds

The Secretary may, for projects carried out under subsection (a), require that entities that apply for grants, contracts, or cooperative agreements under this

section provide non-Federal matching funds, as determined appropriate by the Secretary, to ensure the institutional commitment of the entity to the projects funded under the grant, contract, or cooperative agreement. Such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment, or services.

(4) Maintenance of effort

With respect to activities for which a grant, contract or cooperative agreement is awarded under this section, the Secretary may require that recipients for specific projects under subsection (a) agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives such a grant, contract, or cooperative agreement.

(d) Evaluation

The Secretary shall evaluate each project carried out under subsection (a)(1) and shall disseminate the findings with respect to each such evaluation to appropriate public and private entities.

(e) Information and education

(1) In general

The Secretary shall establish information and education programs to disseminate and apply the findings of the knowledge development and application, training, and technical assistance programs, and targeted capacity response programs, under this section to the general public, to health care professionals, and to interested groups. The Secretary shall make every effort to provide linkages between the findings of supported projects and State agencies responsible for carrying out mental health services.

(2) Rural and underserved areas

In disseminating information on evidence-based practices in the provision of children's mental health services under this subsection, the Secretary shall ensure that such information is distributed to rural and medically underserved areas.

(f) Authorization of appropriation

(1) In general

There are authorized to be appropriated to carry out this section, $300,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003.

(2) Data infrastructure

If amounts are not appropriated for a fiscal year to carry out section 1971 with respect to mental health, then the Secretary shall make available, from the amounts appropriated for such fiscal year under paragraph (1), an amount equal to the sum of $6,000,000 and 10 percent of all amounts appropriated for such fiscal year under such paragraph in excess of $100,000,000, to carry out such section 1971.

(July 1, 1944, c. 373, Title V, § 520A, formerly § 520, as added Nov. 18, 1988, Pub.L. 100–690, Title II, § 2057(3), 102 Stat. 4212, renumbered § 520 and amended Aug. 16, 1989, Pub.L. 101–93, § 3(e), (g), 103 Stat. 610, 611; Nov. 28, 1990, Pub.L. 101–639, § 2, 104 Stat. 4600, 4601; renumbered § 520A and amended July 10, 1992, Pub.L. 102–321, Title I, § 116, 106 Stat. 348; Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXII, § 3201(a), 114 Stat. 1189.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1988 Acts. For Related Reports, see 1988 U.S. Code Cong. and Adm. News, p. 5937.

1990 Acts. Senate Report No. 101–389, see 1990 U.S. Code Cong. and Adm. News, p. 6365.

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

Codifications

Section was formerly classified to section 290cc–13 of this title prior to redesignation as section 520A of the Public Health Service Act

and transfer to this section by section 116(a) of Pub.L. 102–321.

Amendments

2000 Amendments. Pub.L. 106–310, § 3201(a), rewrote this section, which formerly read:

"§ 290bb–32. Establishment of grant programs for demonstration projects

"(a) Seriously mentally ill individuals, and children and adolescents with serious emotional and mental disturbances

"(1) In general

"The Secretary, acting through the Director of the Center for Mental Health Services, may make grants to States, political subdivisions of States, and nonprofit private agencies for—

"(A) mental health services demonstration projects for the planning, coordination and improvement of community services (including outreach and consumer-run self-help services) for seriously mentally ill individuals and their families, seriously emotionally and mentally disturbed children and youth and their families, and seriously mentally ill homeless and elderly individuals;

"(B) demonstration projects for the prevention of youth suicide;

"(C) demonstration projects for the improvement of the recognition, assessment, treatment and clinical management of depressive disorders;

"(D) demonstration projects for programs to prevent the occurrence of sex offenses, and for the provision of treatment and psychological assistance to the victims of sex offenses; and

"(E) demonstration projects for programs to provide mental health services to victims of family violence.

"(2) Mental health services

"Mental health services provided under paragraph (1)(A) should encompass a range of delivery systems designed to permit individuals to receive treatment in the most therapeutically appropriate, least restrictive setting. Grants shall be awarded under such paragraph for—

"(A) research demonstration programs concerning such services; and

"(B) systems improvements to assist States and local entities to develop appropriate comprehensive mental health systems for adults with serious long-term mental illness and children and adolescents with serious emotional and mental disturbance.

"(b) Individuals at risk of mental illness

"(1) The Secretary, acting through the Director, may make grants to States, political subdivisions of States, and private nonprofit agencies for prevention services demonstration projects for the provision of prevention services for individuals who, in the determination of the Secretary, are at risk of developing mental illness.

"(2) Demonstration projects under paragraph (1) may include—

"(A) prevention services for populations at risk of developing mental illness, particularly displaced workers, young children, and adolescents;

"(B) the development and dissemination of education materials;

"(C) the sponsoring of local, regional, or national workshops or conferences;

"(D) the conducting of training programs with respect to the provision of mental health services to individuals described in paragraph (1); and

"(E) the provision of technical assistance to providers of such services.

"(c) Limitation on duration of grant

"The Secretary may make a grant under subsection (a) or (b) of this section for not more than five consecutive one-year periods.

"(d) Limitation on administrative expenses

"The Secretary may not make a grant under subsection (a) or (b) of this section to an applicant unless the applicant agrees that not more than 10 percent of such a grant will be expended for administrative expenses.

"(e) Authorizations of appropriations

"(1) For the purposes of carrying out this section, there are authorized to be appropriated $50,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.

"(2) Of the amounts appropriated pursuant to paragraph (1), the Secretary shall make available 15 percent for demonstration projects to carry out the purpose of this section in rural areas."

1992 Amendments. Pub.L. 102–321, § 116(a), renumbered former section 290cc–13 of this title as this section.

Subsec. (a)(1). Pub.L. 102–321, § 116(b)(1), substituted provisions relating to Center for Mental Health Services for provisions relating to National Institute of Mental Health.

Subsec. (c). Pub.L. 102–321, § 116(b)(2), substituted "five" for "three".

Subsec. (e)(1). Pub.L. 102–321, § 116(b)(3), substituted provisions authorizing appropriations of $50,000,000 for fiscal year 1993 and necessary sums for fiscal year 1994 for provisions authorizing appropriations of $40,000,000 for fiscal year 1991 and necessary sums for fiscal years 1992 and 1993.

1990 Amendments. Subsec. (a). Pub.L. 101–639, § 2(a), inserted provisions specifying that self-help services be consumer-run, authorizing demonstration projects for treatment and psychological assistance to the victims of sex offenses and for programs to provide mental health services to victims of family violence, and providing grants for delivery systems for mental health services.

Subsec. (e)(1). Pub.L. 101–639, § 2(b), substituted provision authorizing appropriations of $40,000,000 for fiscal year 1991, and such sums as may be necessary for each of the fiscal years 1992 and 1993 for provision authorizing appropriations of $60,000,000 for each of the fiscal years 1989 and 1990.

1989 Amendments. Heading. Pub.L. 101–93, § 3(e)(2), substituted "programs" for "program" in the section heading.

Subsec. (a). Pub.L. 101–93, § 3(g), substituted in the heading "Seriously mentally ill" for "Chronically mentally ill".

Subsec. (a)(1). Pub.L. 101–93, § 3(g), substituted "seriously mentally ill" for "chronically mentally ill" in two places.

Subsec. (a)(2). Pub.L. 101–93, § 3(e)(1)(B)(ii), inserted "for" before "demonstration".

Subsec. (a)(3). Pub.L. 101–93, § 3(e)(1)(B)(ii), inserted "for" before "demonstration".

Subsec. (a)(4). Pub.L. 101–93, § 3(e)(1)(B), redesignated former par. (5) as (4) and, in par. (4) as so redesignated, inserted "for" before "demonstration".

Subsec. (a)(5). Pub.L. 101–93, § 3(e)(1)(B)(i), redesignated former par. (5) as (4).

Effective and Applicability Provisions

1992 Acts. Amendments by Pub.L. 102–321 effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal year 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of this title.

Community Mental Health Services Demonstration Projects for Homeless Individuals Who Are Chronically Mentally Ill

Pub.L. 100–77, Title VI, § 612, July 22, 1987, 101 Stat. 523, as amended Pub.L. 100–607, Title VIII, § 821, Nov. 4, 1988, 102 Stat. 3171; Pub.L. 100–628, Title VI, § 621, Nov. 7, 1988, 102 Stat. 3244; Pub.L. 101–93, § 5(t)(1), (2), Aug. 16, 1989, 103 Stat. 615; Pub.L. 101–645, Title V, § 521, Nov. 29, 1990, 104 Stat. 4734, which related to payments pursuant to former section 290cc–13 of this title, was repealed by Pub.L. 106–310, Div. B, Title XXXII, § 3201(b)(3), Oct. 17, 2000, 114 Stat. 1190.

LIBRARY REFERENCES

American Digest System

Indians ⟹6(1).
Key Number System Topic No. 209.
Mental Health ⟹2.
Key Number System Topic No. 257A.
United States ⟹32, 41, 82(2), 85.
Key Number System Topic No. 393.

Encyclopedias

Indians, see C.J.S. §§ 30, 38 to 42, 44 to 45, 137 to 153.
Insane Persons, see C.J.S. § 22.
United States, see C.J.S. §§ 32, 41, 122 to 123.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 290bb–33. Repealed. Pub.L. 106–310, Div. B, Title XXXII, § 3201(b)(2), Oct. 17, 2000, 114 Stat. 1190

HISTORICAL AND STATUTORY NOTES

Section, July 1, 1944, c. 373, Title V, § 520B, formerly Title XXIV, § 2441, as added Nov. 4, 1988, Pub.L. 100–607, Title II, § 211, 102 Stat. 3092; renumbered § 520B and amended July 10, 1992, Pub.L. 102–321, Title I, § 118(a), (b)(2), 106 Stat. 348, 349, related to demonstration projects for individuals with positive test results.

§ 290bb–34. Youth interagency research, training, and technical assistance centers

(a) Program authorized

The Secretary, acting through the Administrator of the Substance Abuse and Mental Health Services Administration, and in consultation with the Administrator of the Office of Juvenile Justice and Delinquency Prevention, the Director of the Bureau of Justice Assistance and the Director of the National Institutes of Health, shall award grants or contracts to public or nonprofit private entities to establish not more than four research, training, and technical assistance centers to carry out the activities described in subsection (c).

(b) Application

A public or private nonprofit entity desiring a grant or contract under subsection (a) shall prepare and submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

(c) Authorized activities

A center established under a grant or contract under subsection (a) shall—

(1) provide training with respect to state-of-the-art mental health and justice-related services and successful mental health and substance abuse-justice collabora-

tions that focus on children and adolescents, to public policymakers, law enforcement administrators, public defenders, police, probation officers, judges, parole officials, jail administrators and mental health and substance abuse providers and administrators;

(2) engage in research and evaluations concerning State and local justice and mental health systems, including system redesign initiatives, and disseminate information concerning the results of such evaluations;

(3) provide direct technical assistance, including assistance provided through toll-free telephone numbers, concerning issues such as how to accommodate individuals who are being processed through the courts under the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), what types of mental health or substance abuse service approaches are effective within the judicial system, and how community-based mental health or substance abuse services can be more effective, including relevant regional, ethnic, and gender-related considerations; and

(4) provide information, training, and technical assistance to State and local governmental officials to enhance the capacity of such officials to provide appropriate services relating to mental health or substance abuse.

(d) Authorization of appropriations

For the purpose of carrying out this section, there is authorized to be appropriated $4,000,000 for fiscal year 2001, and such sums as may be necessary for fiscal years 2002 and 2003.

(July 1, 1944, c. 373, Title V, § 520C, as added Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXI, § 3104(b), 114 Stat. 1173.)

LIBRARY REFERENCES

American Digest System

United States ⟹32, 41, 82(2), 85.
Key Number System Topic No. 393.

Encyclopedias

United States, see C.J.S. §§ 32, 41, 122 to 123.

§ 290bb–35. Services for youth offenders

(a) In general

The Secretary, acting through the Director of the Center for Mental Health Services, and in consultation with the Director of the Center for Substance Abuse Treatment, the Administrator of the Office of Juvenile Justice and Delinquency Prevention, and the Director of the Special Education Programs, shall award grants on a competitive basis to State or local juvenile justice agencies to enable such agencies to provide aftercare services for youth offenders who have been discharged from facilities in the juvenile or criminal justice system and have serious emotional disturbances or are at risk of developing such disturbances.

(b) Use of funds

A State or local juvenile justice agency receiving a grant under subsection (a) shall use the amounts provided under the grant—

(1) to develop a plan describing the manner in which the agency will provide services for each youth offender who has a serious emotional disturbance and has been detained or incarcerated in facilities within the juvenile or criminal justice system;

(2) to provide a network of core or aftercare services or access to such services for each youth offender, including diagnostic and evaluation services, substance abuse treatment services, outpatient mental health care services, medication management services, intensive home-based therapy, intensive day treatment services, respite care, and therapeutic foster care;

(3) to establish a program that coordinates with other State and local agencies providing recreational, social, educational, vocational, or operational services for youth, to enable the agency receiving a grant under this section to provide community-based system of care services for each youth offender that addresses the special needs of the youth and helps the youth access all of the aforementioned services; and

(4) using not more than 20 percent of funds received, to provide planning and transition services as described in paragraph (3) for youth offenders while such youth are incarcerated or detained.

(c) Application

A State or local juvenile justice agency that desires a grant under subsection (a) shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may reasonably require.

(d) Report

Not later than 3 years after October 17, 2000, and annually thereafter, the Secretary shall prepare and submit, to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Commerce of the House of Representatives, a report that describes the services provided pursuant to this section.

(e) Definitions

In this section:

(1) Serious emotional disturbance

The term "serious emotional disturbance" with respect to a youth offender means an offender who currently, or at any time within the 1–year period ending on the day on which services are sought under this section, has a diagnosable mental, behavioral, or emotional disorder that functionally impairs the offender's life by substantially limiting the offender's role in family, school, or community activities, and interfering with the offender's ability to achieve or maintain one or more developmentally-appropriate social, behavior, cognitive, communicative, or adaptive skills.

(2) Community-based system of care

The term "community-based system of care" means the provision of services for the youth offender by various State or local agencies that in an interagency fashion or operating as a network addresses the recreational, social, educational, vocational, mental health, substance abuse, and operational needs of the youth offender.

(3) Youth offender

The term "youth offender" means an individual who is 21 years of age or younger who has been discharged from a State or local juvenile or criminal justice system, except that if the individual is between the ages of 18 and 21 years, such individual has had contact with the State or local juvenile or criminal justice system prior to attaining 18 years of age and is under the jurisdiction of such a system at the time services are sought.

(f) Authorization of appropriations

There is authorized to be appropriated to carry out this section $40,000,000 for fiscal year 2001, and such sums as may be necessary for each of fiscal years 2002 and 2003.

(July 1, 1944, c. 373, Title V, § 520D, as added Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXI, § 3107, 114 Stat. 1179.)

LIBRARY REFERENCES

American Digest System

Infants ⟹17, 222, 227(1).
Key Number System Topic No. 211.
United States ⟹32, 41, 82(2), 85.
Key Number System Topic No. 393.

Encyclopedias

Infants, see C.J.S. §§ 8 to 9, 57, 69 to 85.
United States, see C.J.S. §§ 32, 41, 122 to 123.

§ 290bb–36. Suicide prevention for children and adolescents

(a) In general

The Secretary shall award grants, contracts, or cooperative agreements to States, political subdivisions of States, Indian tribes, tribal organizations, public organizations, or private nonprofit organizations to establish programs to reduce suicide deaths in the United States among children and adolescents.

(b) Collaboration

In carrying out subsection (a), the Secretary shall ensure that activities under this section are coordinated among the Substance Abuse and Mental Health Services Administration, the relevant institutes at the National Institutes of Health, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and the Administration on Children and Families.

(c) Requirements

A State, political subdivision of a State, Indian tribe, tribal organization, public organization, or private nonprofit organization desiring a grant, contract, or cooperative agreement under this section shall demonstrate that the suicide prevention program such entity proposes will—

(1) provide for the timely assessment, treatment, or referral for mental health or substance abuse services of children and adolescents at risk for suicide;

(2) be based on best evidence-based, suicide prevention practices and strategies that are adapted to the local community;

(3) integrate its suicide prevention program into the existing health care system in the community including primary health care, mental health services, and substance abuse services;

(4) be integrated into other systems in the community that address the needs of children and adolescents including the educational system, juvenile justice system, welfare and child protection systems, and community youth support organizations;

(5) use primary prevention methods to educate and raise awareness in the local community by disseminating evidence-based information about suicide prevention;

(6) include suicide prevention, mental health, and related information and services for the families and friends of those who completed suicide, as needed;

(7) provide linguistically appropriate and culturally competent services, as needed;

(8) provide a plan for the evaluation of outcomes and activities at the local level, according to standards established by the Secretary, and agree to participate in a national evaluation; and

(9) ensure that staff used in the program are trained in suicide prevention and that professionals involved in the system of care have received training in identifying persons at risk of suicide.

(d) Use of funds

Amounts provided under grants, contracts, or cooperative agreements under subsection (a) shall be used to supplement and not supplant other Federal, State, and local public funds that are expended to provide services for eligible individuals.

(e) Condition

An applicant for a grant, contract, or cooperative agreement under subsection (a) shall demonstrate to the Secretary that the applicant has the support of the local community and relevant public health officials.

(f) Special populations

In awarding grants, contracts, and cooperative agreements under subsection (a), the Secretary shall ensure that such awards are made in a manner that will focus on the needs of communities or groups that experience high or rapidly rising rates of suicide.

(g) Application

A State, political subdivision of a State, Indian tribe, tribal organization, public organization, or private nonprofit organization receiving a grant, contract, or cooperative agreement under subsection (a) shall prepare and submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require. Such application shall include a plan for the rigorous evaluation of activities funded under the grant, contract, or cooperative agreement, including a process and outcome evaluation.

(h) Distribution of awards

In awarding grants, contracts, and cooperative agreements under subsection (a), the Secretary shall ensure that such awards are distributed among the geographical regions of the United States and between urban and rural settings.

(i) Evaluation

A State, political subdivision of a State, Indian tribe, tribal organization, public organization, or private nonprofit organization receiving a grant, contract, or cooperative agreement under subsection (a) shall prepare and submit to the Secretary at the end of the program period, an evaluation of all activities funded under this section.

(j) Dissemination and education

The Secretary shall ensure that findings derived from activities carried out under this section are disseminated to State, county and local governmental agencies and public and private nonprofit organizations active in promoting suicide prevention and family support activities.

(k) Duration of projects

With respect to a grant, contract, or cooperative agreement awarded under this section, the period during which payments under such award may be made to the recipient may not exceed 5 years.

(*l*) Study

Within 1 year after October 17, 2000, the Secretary shall, directly or by grant or contract, initiate a study to assemble and analyze data to identify—

(1) unique profiles of children under 13 who attempt or complete suicide;

(2) unique profiles of youths between ages 13 and 21 who attempt or complete suicide; and

(3) a profile of services which might have been available to these groups and the use of these services by children and youths from paragraphs (1) and (2).

(m) Authorization of appropriation

(1) In general

For purposes of carrying out this section, there is authorized to be appropriated $75,000,000 for fiscal year 2001 and such sums as may be necessary for each of the fiscal years 2002 through 2003.

(2) Program management

In carrying out this section, the Secretary shall use 1 percent of the amount appropriated under paragraph (1) for each fiscal year for managing programs under this section.

(July 1, 1944, c. 373, Title V, § 520E, as added Oct. 17, 2000, Pub.L. 106–313, Div. B, Title XXXI, § 3111, 114 Stat. 1186.)

HISTORICAL AND STATUTORY NOTES

Teen Suicide Prevention Act of 2000

Pub.L. 106–386, Div. B, Title VI, § 1602, Oct. 28, 2000, 114 Stat. 1538, provided that:

"**(a) Short title.**—This section [this note] may be cited as the 'Teen Suicide Prevention Act of 2000'.

"**(b) Findings.**—Congress finds that—

"(1) measures that increase public awareness of suicide as a preventable public health problem, and target parents and youth so that suicide risks and warning signs can be recognized, will help to eliminate the ignorance and stigma of suicide as barriers to youth and families seeking preventive care;

"(2) suicide prevention efforts in the year 2000 should—

"(A) target at-risk youth, particularly youth with mental health problems, substance abuse problems, or contact with the juvenile justice system;

"(B) Involve—

"(i) the identification of the characteristics of the at-risk youth and other youth who are contemplating suicide, and barriers to treatment of the youth; and

"(ii) the development of model treatment programs for the youth;

"(C) include a pilot study of the outcomes of treatment for juvenile delinquents with mental health or substance abuse problems;

"(D) include a public education approach to combat the negative effects of the stigma

of, and discrimination against individuals with, mental health and substance abuse problems; and

"(E) include a nationwide effort to develop, implement, and evaluate a mental health awareness program for schools, communities, and families;

"(3) although numerous symptoms, diagnoses, traits, characteristics, and psychosocial stressors of suicide have been investigated, no single factor or set of factors has ever come close to predicting suicide with accuracy;

"(4) research of United States youth, such as a 1994 study by Lewinsohn, Rohde, and Seeley, has shown predictors of suicide, such as a history of suicide attempts, current suicidal ideation and depression, a recent attempt or completed suicide by a friend, and low self-esteem; and

"(5) Epidemiological data illustrate—

"(A) the trend of suicide at younger ages as well as increases in suicidal ideation among youth in the United States; and

"(B) Distinct differences in approaches to suicide by gender, with—

"(i) 3 to 5 times as many females as males attempting suicide; and

"(ii) 3 to 5 times as many males as females completing suicide.

"(c) **Purpose.**—The purpose of this section is to provide for a study of predictors of suicide among at-risk and other youth, and barriers that prevent the youth from receiving treatment, to facilitate the development of model treatment programs and public education and awareness efforts.

"(d) **Study.**—Not later than 1 year after the date of the enactment of this Act [Oct. 28, 2000], the Secretary of Health and Human Services shall carry out, directly or by grant or contract, a study that is designed to identify—

"(1) the characteristics of at-risk and other youth age 13 through 21 who are contemplating suicide;

"(2) the characteristics of at-risk and other youth who are younger than age 13 and are contemplating suicide; and

"(3) the barriers that prevent youth described in paragraphs (1) and (2) from receiving treatment.

"(e) **Authorization of appropriations.**—There are authorized to be appropriated to carry out this section such sums as may be necessary."

LIBRARY REFERENCES

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Key Number System Topic No. 209.
Infants ⟹12, 13.
Key Number System Topic No. 211.
United States ⟹32, 41, 82(2), 85.
Key Number System Topic No. 393.

Encyclopedias

Indians, see C.J.S. §§ 30, 38 to 42, 44 to 45, 137 to 153.

Infants, see C.J.S. §§ 5 to 6, 10, 32, 41, 43 to 44, 92 to 93, 95 to 98.

United States, see C.J.S. §§ 32, 41, 122 to 123.

§ 290bb–37. Grants for Emergency Mental Health Centers

(a) Program authorized

The Secretary shall award grants to States, political subdivisions of States, Indian tribes, and tribal organizations to support the designation of hospitals and health centers as Emergency Mental Health Centers.

(b) Health center

In this section, the term "health center" has the meaning given such term in section 254b of this title, and includes community health centers and community mental health centers.

(c) Distribution of awards

The Secretary shall ensure that such grants awarded under subsection (a) are equitably distributed among the geographical regions of the United States, between urban and rural populations, and between different settings of care including health centers, mental health centers, hospitals, and other psychiatric units or facilities.

(d) Application

A State, political subdivision of a State, Indian tribe, or tribal organization that desires a grant under subsection (a) shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require, including a plan for the rigorous evaluation of activities carried out with funds received under this section.

(e) Use of funds

(1) In general

A State, political subdivision of a State, Indian tribe, or tribal organization receiving a grant under subsection (a) shall use funds from such grant to establish or designate hospitals and health centers as Emergency Mental Health Centers.

(2) Emergency Mental Health Centers

Such Emergency Mental Health Centers described in paragraph (1)—

(A) shall—

(i) serve as a central receiving point in the community for individuals who may be in need of emergency mental health services;

(ii) purchase, if needed, any equipment necessary to evaluate, diagnose and stabilize an individual with a mental illness;

(iii) provide training, if needed, to the medical personnel staffing the Emergency Mental Health Center to evaluate, diagnose, stabilize, and treat an individual with a mental illness; and

(iv) provide any treatment that is necessary for an individual with a mental illness or a referral for such individual to another facility where such treatment may be received; and

(B) may establish and train a mobile crisis intervention team to respond to mental health emergencies within the community.

(f) Evaluation

A State, political subdivision of a State, Indian tribe, or tribal organization that receives a grant under subsection (a) shall prepare and submit an evaluation to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require, including an evaluation of activities carried out with funds received under this section and a process and outcomes evaluation.

(g) Authorization of appropriations

There is authorized to be appropriated to carry out this section, $25,000,000 for fiscal year 2001 and such sums as may be necessary for each of the fiscal years 2002 through 2003.

(July 1, 1944, c. 373, Title V, § 520F, as added Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXII, § 3209, 114 Stat. 1200.)

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Key Number System Topic No. 204.
Indians ⟹6(1).
Key Number System Topic No. 209.
Mental Health ⟹2.
Key Number System Topic No. 257A.
United States ⟹32, 41, 82(2), 85.
Key Number System Topic No. 393.

Encyclopedias

Hospitals, see C.J.S. §§ 3 to 5, 8 to 11.
Indians, see C.J.S. §§ 30, 38 to 42, 44 to 45, 137 to 153.
Insane Persons, see C.J.S. § 22.
United States, see C.J.S. §§ 32, 41, 122 to 123.

§ 290bb–38. Grants for jail diversion programs

(a) Program authorized

The Secretary shall make up to 125 grants to States, political subdivisions of States, Indian tribes, and tribal organizations, acting directly or through agreements with other public or nonprofit entities, to develop and implement programs to divert individuals with a mental illness from the criminal justice system to community-based services.

(b) Administration

(1) Consultation

The Secretary shall consult with the Attorney General and any other appropriate officials in carrying out this section.

(2) Regulatory authority

The Secretary shall issue regulations and guidelines necessary to carry out this section, including methodologies and outcome measures for evaluating programs carried out by States, political subdivisions of States, Indian tribes, and tribal organizations receiving grants under subsection (a).

(c) Applications

(1) In general

To receive a grant under subsection (a), the chief executive of a State, chief executive of a subdivision of a State, Indian tribe or tribal organization shall prepare and submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary shall reasonably require.

(2) Content

Such application shall—

(A) contain an assurance that—

(i) community-based mental health services will be available for the individuals who are diverted from the criminal justice system, and that such services are based on the best known practices, reflect current research findings, include case management, assertive community treatment, medication management and access, integrated mental health and co-occurring substance abuse treatment, and psychiatric rehabilitation, and will be coordinated with social services, including life skills training, housing placement, vocational training, education job placement, and health care;

(ii) there has been relevant interagency collaboration between the appropriate criminal justice, mental health, and substance abuse systems; and

(iii) the Federal support provided will be used to supplement, and not supplant, State, local, Indian tribe, or tribal organization sources of funding that would otherwise be available;

(B) demonstrate that the diversion program will be integrated with an existing system of care for those with mental illness;

(C) explain the applicant's inability to fund the program adequately without Federal assistance;

(D) specify plans for obtaining necessary support and continuing the proposed program following the conclusion of Federal support; and

(E) describe methodology and outcome measures that will be used in evaluating the program.

(d) Use of funds

A State, political subdivision of a State, Indian tribe, or tribal organization that receives a grant under subsection (a) may use funds received under such grant to—

(1) integrate the diversion program into the existing system of care;

(2) create or expand community-based mental health and co-occurring mental illness and substance abuse services to accommodate the diversion program;

(3) train professionals involved in the system of care, and law enforcement officers, attorneys, and judges; and

(4) provide community outreach and crisis intervention.

(e) Federal share

(1) In general

The Secretary shall pay to a State, political subdivision of a State, Indian tribe, or tribal organization receiving a grant under subsection (a) the Federal share of the cost of activities described in the application.

(2) Federal share

The Federal share of a grant made under this section shall not exceed 75 percent of the total cost of the program carried out by the State, political subdivision of a State, Indian tribe, or tribal organization. Such share shall be used for new expenses of the program carried out by such State, political subdivision of a State, Indian tribe, or tribal organization.

(3) Non-Federal share

The non-Federal share of payments made under this section may be made in cash or in kind fairly evaluated, including planned equipment or services. The Secretary may waive the requirement of matching contributions.

(f) Geographic distribution

The Secretary shall ensure that such grants awarded under subsection (a) are equitably distributed among the geographical regions of the United States and between urban and rural populations.

(g) Training and technical assistance

Training and technical assistance may be provided by the Secretary to assist a State, political subdivision of a State, Indian tribe, or tribal organization receiving a grant under subsection (a) in establishing and operating a diversion program.

(h) Evaluations

The programs described in subsection (a) shall be evaluated not less than one time in every 12–month period using the methodology and outcome measures identified in the grant application.

(i) Authorization of appropriations

There are authorized to be appropriated to carry out this section $10,000,000 for fiscal year 2001, and such sums as may be necessary for fiscal years 2002 through 2003.

(July 1, 1944, c. 373, Title V, § 520G, as added Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXII, § 3210, 114 Stat. 1201.)

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Key Number System Topic No. 209.
Mental Health ⟹2.
Key Number System Topic No. 257A.
United States ⟹32, 41, 82(2), 85.
Key Number System Topic No. 393.

Encyclopedias

Asylums and Institutional Care Facilities, see C.J.S. §§ 5 to 8, 11 to 12.
Indians, see C.J.S. §§ 30, 38 to 42, 44 to 45, 137 to 153.
Insane Persons, see C.J.S. § 22.
United States, see C.J.S. §§ 32, 41, 122 to 123.

§ 290bb–39. Improving outcomes for children and adolescents through services integration between child welfare and mental health services

(a) In general

The Secretary shall award grants, contracts or cooperative agreements to States, political subdivisions of States, Indian tribes, and tribal organizations to provide integrated child welfare and mental health services for children and adolescents under 19 years of age in the child welfare system or at risk for becoming part of the system, and parents or caregivers with a mental illness or a mental illness and a co-occurring substance abuse disorder.

(b) Duration

With respect to a grant, contract or cooperative agreement awarded under this section, the period during which payments under such award are made to the recipient may not exceed 5 years.

(c) Application

(1) In general

To be eligible to receive an award under subsection (a), a State, political subdivision of a State, Indian tribe, or tribal organization shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may reasonably require.

(2) Content

An application submitted under paragraph (1) shall—

(A) describe the program to be funded under the grant, contract or cooperative agreement;

(B) explain how such program reflects best practices in the provision of child welfare and mental health services; and

(C) provide assurances that—

(i) persons providing services under the grant, contract or cooperative agreement are adequately trained to provide such services; and

(ii) the services will be provided in accordance with subsection (d).

(d) Use of funds

A State, political subdivision of a State, Indian tribe, or tribal organization that receives a grant, contract, or cooperative agreement under subsection (a) shall use amounts made available through such grant, contract or cooperative agreement to—

(1) provide family-centered, comprehensive, and coordinated child welfare and mental health services, including prevention, early intervention and treatment services for children and adolescents, and for their parents or caregivers;

(2) ensure a single point of access for such coordinated services;

(3) provide integrated mental health and substance abuse treatment for children, adolescents, and parents or caregivers with a mental illness and a co-occurring substance abuse disorder;

(4) provide training for the child welfare, mental health and substance abuse professionals who will participate in the program carried out under this section;

(5) provide technical assistance to child welfare and mental health agencies;

(6) develop cooperative efforts with other service entities in the community, including education, social services, juvenile justice, and primary health care agencies;

(7) coordinate services with services provided under the Medicaid program and the State Children's Health Insurance Program under subchapters XIX and XXI of chapter 7 of this title;

(8) provide linguistically appropriate and culturally competent services; and

(9) evaluate the effectiveness and cost-efficiency of the integrated services that measure the level of coordination, outcome measures for parents or caregivers with a mental illness or a mental illness and a co-occurring substance abuse disorder, and outcome measures for children.

(e) Distribution of awards

The Secretary shall ensure that grants, contracts, and cooperative agreements awarded under subsection (a) are equitably distributed among the geographical regions of the United States and between urban and rural populations.

(f) Evaluation

The Secretary shall evaluate each program carried out by a State, political subdivision of a State, Indian tribe, or tribal organization under subsection (a) and shall disseminate the findings with respect to each such evaluation to appropriate public and private entities.

(g) Authorization of appropriations

There is authorized to be appropriated to carry out this section, $10,000,000 for fiscal year 2001, and such sums as may be necessary for each of fiscal years 2002 and 2003.

(July 1, 1944, c. 373, Title V, § 520H, as added Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXII, § 3211, 114 Stat. 1203.)

HISTORICAL AND STATUTORY NOTES

References in Text

Subchapter XIX and XXI of chapter 7 of this title, referred to in subsec. (d)(7), is classified to 42 U.S.C.A. §§ 1396 et seq. and 1397aa et seq.

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Infants ⟹12, 13.
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Mental Health ⟹2.
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United States ⟹32, 41, 82(2), 85.
Key Number System Topic No. 393.

Encyclopedias

Asylums and Institutional Care Facilities, see C.J.S. §§ 5 to 8.
Indians, see C.J.S. §§ 30, 38 to 42, 44 to 45, 137 to 153.
Infants, see C.J.S. §§ 5 to 6, 10, 32, 41, 43 to 44, 92 to 93, 95 to 98.
Insane Persons, see C.J.S. § 22.
United States, see C.J.S. §§ 32, 41, 122 to 123.

§ 290bb–40. Grants for the integrated treatment of serious mental illness and co-occurring substance abuse

(a) In general

The Secretary shall award grants, contracts, or cooperative agreements to States, political subdivisions of States, Indian tribes, tribal organizations, and private nonprofit organizations for the development or expansion of programs to provide integrated treatment services for individuals with a serious mental illness and a co-occurring substance abuse disorder.

(b) Priority

In awarding grants, contracts, and cooperative agreements under subsection (a), the Secretary shall give priority to applicants that emphasize the provision of services for individuals with a serious mental illness and a co-occurring substance abuse disorder who—

(1) have a history of interactions with law enforcement or the criminal justice system;

(2) have recently been released from incarceration;

(3) have a history of unsuccessful treatment in either an inpatient or outpatient setting;

(4) have never followed through with outpatient services despite repeated referrals; or

(5) are homeless.

(c) Use of funds

A State, political subdivision of a State, Indian tribe, tribal organization, or private nonprofit organization that receives a grant, contract, or cooperative agreement under subsection (a) shall use funds received under such grant—

(1) to provide fully integrated services rather than serial or parallel services;

(2) to employ staff that are cross-trained in the diagnosis and treatment of both serious mental illness and substance abuse;

(3) to provide integrated mental health and substance abuse services at the same location;

(4) to provide services that are linguistically appropriate and culturally competent;

(5) to provide at least 10 programs for integrated treatment of both mental illness and substance abuse at sites that previously provided only mental health services or only substance abuse services; and

(6) to provide services in coordination with other existing public and private community programs.

(d) Condition

The Secretary shall ensure that a State, political subdivision of a State, Indian tribe, tribal organization, or private nonprofit organization that receives a grant, contract, or cooperative agreement under subsection (a) maintains the level of effort necessary to sustain existing mental health and substance abuse programs for other populations served by mental health systems in the community.

(e) Distribution of awards

The Secretary shall ensure that grants, contracts, or cooperative agreements awarded under subsection (a) are equitably distributed among the geographical regions of the United States and between urban and rural populations.

(f) Duration

The Secretary shall award grants, contract, or cooperative agreements under this subsection for a period of not more than 5 years.

(g) Application

A State, political subdivision of a State, Indian tribe, tribal organization, or private nonprofit organization that desires a grant, contract, or cooperative agreement under this subsection shall prepare and submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require. Such application shall include a plan for the rigorous evaluation of activities funded with an award under such subsection, including a process and outcomes evaluation.

(h) Evaluation

A State, political subdivision of a State, Indian tribe, tribal organization, or private nonprofit organization that receives a grant, contract, or cooperative agreement under this subsection shall prepare and submit a plan for the rigorous evaluation of the program funded under such grant, contract, or agreement, including both process and outcomes evaluation, and the submission of an evaluation at the end of the project period.

(i) Authorization of appropriation

There is authorized to be appropriated to carry out this subsection $40,000,000 for fiscal year 2001, and such sums as may be necessary for fiscal years 2002 through 2003.

(July 1, 1944, c. 373, Title V, § 520I, as added Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXII, § 3212, 114 Stat. 1205.)

LIBRARY REFERENCES

American Digest System

Chemical Dependents ⟹2, 10.
Key Number System Topic No. 76A.
Indians ⟹6(1).
Key Number System Topic No. 209.
Mental Health ⟹2, 72.
Key Number System Topic No. 257A.
United States ⟹32, 41, 82(2), 85.
Key Number System Topic No. 393.

Encyclopedias

Chemical Dependents, see C.J.S. §§ 2, 4, 10 to 11.
Indians, see C.J.S. §§ 30, 38 to 42, 44 to 45, 137 to 153.
Insane Persons, see C.J.S. §§ 22, 203 to 204, 206 to 207.
United States, see C.J.S. §§ 32, 41, 122 to 123.

§ 290bb–41. Training grants

(a) In general

The Secretary shall award grants in accordance with the provisions of this section.

(b) Mental illness awareness training grants

(1) In general

The Secretary shall award grants to States, political subdivisions of States, Indian tribes, tribal organizations, and nonprofit private entities to train teachers and other relevant school personnel to recognize symptoms of childhood and adolescent mental disorders, to refer family members to the appropriate mental health services if necessary, to train emergency services personnel to identify and appropriately respond to persons with a mental illness, and to provide education to such teachers and personnel regarding resources that are available in the community for individuals with a mental illness.

(2) Emergency services personnel

In this subsection, the term "emergency services personnel" includes paramedics, firefighters, and emergency medical technicians.

(3) Distribution of awards

The Secretary shall ensure that such grants awarded under this subsection are equitably distributed among the geographical regions of the United States and between urban and rural populations.

(4) Application

A State, political subdivision of a State, Indian tribe, tribal organization, or nonprofit private entity that desires a grant under this subsection shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require, including a plan for the rigorous evaluation of activities that are carried out with funds received under a grant under this subsection.

(5) Use of funds

A State, political subdivision of a State, Indian tribe, tribal organization, or nonprofit private entity receiving a grant under this subsection shall use funds from such grant to—

(A) train teachers and other relevant school personnel to recognize symptoms of childhood and adolescent mental disorders and appropriately respond;

(B) train emergency services personnel to identify and appropriately respond to persons with a mental illness; and

(C) provide education to such teachers and personnel regarding resources that are available in the community for individuals with a mental illness.

(6) Evaluation

A State, political subdivision of a State, Indian tribe, tribal organization, or nonprofit private entity that receives a grant under this subsection shall prepare and submit an evaluation to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require, including an evaluation of activities carried out with funds received under the grant under this subsection and a process and outcome evaluation.

(7) Authorization of appropriations

There is authorized to be appropriated to carry out this subsection, $25,000,000 for fiscal year 2001 and such sums as may be necessary for each of fiscal years 2002 through 2003.

(July 1, 1944, c. 373, Title V, § 520J, as added Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXII, § 3213, 114 Stat. 1206.)

LIBRARY REFERENCES

American Digest System

Indians ⟹6(1).
Key Number System Topic No. 209.
Infants ⟹12, 13.
Key Number System Topic No. 211.
Mental Health ⟹2.
Key Number System Topic No. 257A.
United States ⟹32, 41, 82(2), 85.
Key Number System Topic No. 393.

Encyclopedias

Indians, see C.J.S. §§ 30, 38 to 42, 44 to 45, 137 to 153.

Infants, see C.J.S. §§ 5 to 6, 10, 32, 41, 43 to 44, 92 to 93, 95 to 98.

Insane Persons, see C.J.S. § 22.

United States, see C.J.S. §§ 32, 41, 122 to 123.

§§ 290cc to 290cc–2. Repealed. Pub.L. 102–321, Title I, § 123(c), July 10, 1992, 106 Stat. 363

HISTORICAL AND STATUTORY NOTES

Section 290cc, Act July 1, 1944, c. 373, Title V, § 515, formerly Pub.L. 92–255, Title V, § 503, as added Pub.L. 94–237, § 13(a), Mar. 19, 1976, 90 Stat. 248, and amended Pub.L. 95–461, § 2(c), Oct. 14, 1978, 92 Stat. 1268; Pub.L. 96–181, § 12, Jan. 2, 1980, 93 Stat. 1315; Pub.L. 97–35, Title IX, § 972(a), (b), Aug. 13, 1981, 95 Stat. 597; renumbered § 515 of Act July 1, 1944, and amended Apr. 26, 1983, Pub.L. 98–24, § 2(b)(11), 97 Stat. 180; Oct. 19, 1984, Pub.L. 98–509, Title II, §§ 205(a)(2), 206(c)(2), 207(b), 98 Stat. 2361–2363; Oct. 27, 1986, Pub.L. 99–570, Title IV, § 4009, 100 Stat. 3207–115; Nov. 18, 1988, Pub.L. 100–690, Title II, § 2058(a)(3), 102 Stat. 4214, related to encouragement of research by Director of National Institute on Drug Abuse.

Section 290cc–1, Act July 1, 1944, c. 373, Title V, § 516, as added Oct. 19, 1984, Pub.L. 98–509,

Title II, § 206(b), 98 Stat. 2362, and amended Nov. 18, 1988, Pub.L. 100–690, Title II, § 2058(a)(4), 102 Stat. 4214, related to drug abuse demonstration projects.

Section 290cc–2, Act July 1, 1944, c. 373, Title V, § 517, as added Oct. 19, 1984, Pub.L.98–509, Title II, § 207(b), 98 Stat. 2363, and amended Oct. 27, 1986, Pub.L. 99–570, Title IV, § 4010(b), 100 Stat. 3207–115; Nov. 18, 1988, Pub.L. 100–690, Title II, § 2056(b), 102 Stat. 4211; Aug. 15, 1990, Pub.L. 101–374, § 3(a), 104 Stat. 457, related to authorization of appropriations for drug abuse research.

Effective Date of Repeal

Repeal effective Oct. 1, 1992, with programs making awards providing financial assistance prior to such date to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d)(2)(A) of Pub.L. 102–321, set out as a note under section 236 of this title.

§ 290cc–11. Repealed. Pub.L. 102–321, Title I, § 120(b)(3), July 10, 1992, 106 Stat. 358

HISTORICAL AND STATUTORY NOTES

Section, Act July 1, 1944, c. 373, Title V, § 518, formerly § 519, as added Nov. 18, 1988, Pub.L. 100–690, Title II, § 2057(3), 102 Stat. 4212, and renumbered Aug. 16, 1989, Pub.L. 101–93, § 3(e)(1)(A), 103 Stat. 610, related to establishment of program for mental health research.

Effective Date of Repeal

Repeal effective Oct. 1, 1992, with programs making awards providing financial assistance prior to such date to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d)(2)(A) of Pub.L. 102–321, set out as a note under section 236 of this title.

Study of Use of Involuntary Commitment

Pub.L. 100–690, Title II, § 2072, Nov. 18, 1988, 102 Stat. 4215, directed the Secretary of Health and Human Services to contract for a study of the current use of involuntary commitment of inpatient or outpatient treatment of mental illness, with the report resulting from such study to be submitted to Congress not later than 18 months after the date of the contract.

§ 290cc–12. Repealed. Pub.L. 102–321, Title I, § 117, July 10, 1992, 106 Stat. 348

HISTORICAL AND STATUTORY NOTES

Section, Act July 1, 1944, c. 373, Title V, § 519, formerly § 520, as added Nov. 18, 1988, Pub.L. 100–690, Title II, § 2057(3), 102 Stat. 4212, and renumbered § 519 of Act July 1, 1944, Aug. 16, 1989, Pub.L. 101–93, § 3(e)(1)(A), 103 Stat. 610, related to National Mental Health Education Program.

Effective Date of Repeal

Repeal effective Oct. 1, 1992, see section 801(c) of Pub.L. 102–321, set out as a note under section 236 of this title.

§ 290cc–13. Transferred

HISTORICAL AND STATUTORY NOTES

Codifications

Section, Act July 1, 1944, c. 373, Title V, § 520, formerly § 520A, as added Nov. 18, 1988, Pub.L. 100–690, Title II, § 2057(3), 102 Stat. 4212, and renumbered § 520 and amended Aug. 16, 1989, Pub.L. 101–93, § 3(e), (g), 103 Stat. 610, 611; Nov. 28, 1990, Pub.L. 101–639, § 2, 104 Stat. 4600, 4601, which related to establishment of grant programs for demonstration projects relating to drug abuse research, was renumbered section 520A of Act July 1, 1944, transferred to section 290bb–32 of this title, and amended by Pub.L. 102–321, Title I, § 116, July 10, 1992, 106 Stat. 348.

PART C—PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS

§ 290cc–21. Formula grants to States

For the purpose of carrying out section 290cc–22 of this title, the Secretary, acting through the Director of the Center for Mental Health Services, shall for each of the fiscal years 1991 through 1994 make an allotment for each State in an amount determined in accordance with section 290cc–24 of this title. The Secretary shall make payments, as grants, each such fiscal year to each State from the allotment for the State if the Secretary approves for the fiscal year involved an application submitted by the State pursuant to section 290cc–29 of this title.

(July 1, 1944, c. 373, Title V, § 521, as added July 22, 1987, Pub.L. 100–77, Title VI, § 611(3), 101 Stat. 516, and amended Nov. 4, 1988, Pub.L. 100–607, Title VIII, § 813(1), 102 Stat. 3170; Nov. 7, 1988, Pub.L. 100–628, Title VI, § 613(1), 102 Stat. 3243; Aug. 16, 1989, Pub.L. 101–93, § 5(t)(1), 103 Stat. 615; Nov. 29, 1990, Pub.L. 101–645, Title V, § 511, 104 Stat. 4726; July 10, 1992, Pub.L.

102–321, Title I, §§ 162(1), 163(a)(1), 106 Stat. 375; Aug. 26, 1992, Pub.L. 102–352, § 2(b)(2), 106 Stat. 939.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

Amendments

1992 Amendments. Pub.L. 102–321, § 162(1), substituted "Center for Mental Health Services" for "National Institute of Mental Health".

Effective and Applicability Provisions

1992 Acts. Amendments by Pub.L. 102–321 effective Oct. 1, 1992, see section 801(c) of Pub.L. 102–321, set out as a note under section 236 of this title.

Repeals

Section 163(a)(1) of Pub.L. 102–321, cited to the credit of this section, which directed that "Administrator of Substance Abuse and Mental Health Services Administration" be substituted for "Director of the National Institute for Mental Health", and which was incapable of execution due to amendment by section 162(1) of Pub.L. 102–321 which substituted "Center for Mental Health Services" for "National Institute of Mental Health", was repealed by Pub.L. 102–352, § 2(b)(2), Aug. 26, 1992, 106 Stat. 939.

§ 290cc–22. Purpose of grants

(a) In general

The Secretary may not make payments under section 290cc–21 of this title unless the State involved agrees that the payments will be expended solely for making grants to political subdivisions of the State, and to nonprofit private entities (including community-based veterans organizations and other community organizations), for the purpose of providing the services specified in subsection (b) of this section to individuals who—

(1)(A) are suffering from serious mental illness; or

(B) are suffering from serious mental illness and from substance abuse; and

(2) are homeless or at imminent risk of becoming homeless.

(b) Specification of services

The services referred to in subsection (a) of this section are—

(1) outreach services;

(2) screening and diagnostic treatment services;

(3) habilitation and rehabilitation services;

(4) community mental health services;

(5) alcohol or drug treatment services;

(6) staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;

(7) case management services, including—

(A) preparing a plan for the provision of community mental health services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months;

(B) providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, and habilitation and rehabilitation services, prevocational and vocational services, and housing services;

(C) providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;

(D) referring the eligible homeless individual for such other services as may be appropriate; and

(E) providing representative payee services in accordance with section 1631(a)(2) of the Social Security Act [42 U.S.C.A. § 1383(a)(2)] if the eligible homeless individual is receiving aid under title XVI of such act [42 U.S.C.A. § 1381 et seq.] and if the applicant is designated by the Secretary to provide such services;

(8) supportive and supervisory services in residential settings;

(9) referrals for primary health services, job training, educational services, and relevant housing services;

(10) subject to subsection (h)(1) of this section—

(A) minor renovation, expansion, and repair of housing;

(B) planning of housing;

(C) technical assistance in applying for housing assistance;

(D) improving the coordination of housing services;

(E) security deposits;

(F) the costs associated with matching eligible homeless individuals with appropriate housing situations; and

(G) 1–time rental payments to prevent eviction; and

(11) other appropriate services, as determined by the Secretary.

(c) Coordination

The Secretary may not make payments under section 290cc–21 of this title unless the State involved agrees to make grants pursuant to subsection (a) of this section only to entities that have the capacity to provide, directly or through arrangements, the services specified in subsec. (b) of this section, including coordinating the provision of services in order to meet the needs of eligible homeless individuals who are both mentally ill and suffering from substance abuse.

(d) Special consideration regarding veterans

The Secretary may not make payments under section 290cc–21 of this title unless the State involved agrees that, in making grants to entities pursuant to subsection (a) of this section, the State will give special consideration to entities with a demonstrated effectiveness in serving homeless veterans.

(e) Special rules

The Secretary may not make payments under section 290cc–21 of this title unless the State involved agrees that grants pursuant to subsection (a) of this section will not be made to any entity that—

(1) has a policy of excluding individuals from mental health services due to the existence or suspicion of substance abuse; or

(2) has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

(f) Administrative expenses

The Secretary may not make payments under section 290cc–21 of this title unless the State involved agrees that not more than 4 percent of the payments will be expended for administrative expenses regarding the payments.

(g) Maintenance of effort

The Secretary may not make payments under section 290cc–21 of this title unless the State involved agrees that the State will maintain State expenditures for services specified in subsection (b) of this section at a level that is not less than the average level of such expenditures maintained by the State for the 2–year period preceding the fiscal year for which the State is applying to receive such payments.

(h) Restrictions on use of funds

The Secretary may not make payments under section 290cc–21 of this title unless the State involved agrees that—

(1) not more than 20 percent of the payments will be expended for housing services under subsection (b)(10) of this section; and

(2) the payments will not be expended—

(A) to support emergency shelters or construction of housing facilities;

(B) for inpatient psychiatric treatment costs or inpatient substance abuse treatment costs; or

(C) to make cash payments to intended recipients of mental health or substance abuse services.

(i) Waiver for territories

With respect to the United States Virgin Islands, Guam, American Samoa, Palau, the Marshall Islands, and the Commonwealth of the Northern Mariana Islands, the Secretary may waive the provisions of this part that the Secretary determines to be appropriate.

(As amended Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXII, § 3203(a), 114 Stat. 1191.)

HISTORICAL AND STATUTORY NOTES

Amendments

2000 Amendments. Subsec. (i). Pub.L. 106–310, § 3203(a), added subsec. (i).

§ 290cc–28. Requirement of reports by States

(a) In general

The Secretary may not make payments under section 290cc–21 of this title unless the State involved agrees that, by not later than January 31 of each fiscal year, the State will prepare and submit to the Secretary a report in such form and containing such information as the Secretary determines (after consultation with the Administrator of the Substance Abuse and Mental Health Services Administration) to be necessary for—

(1) securing a record and a description of the purposes for which amounts received under section 290cc–21 of this title were expended during the preceding fiscal year and of the recipients of such amounts; and

(2) determining whether such amounts were expended in accordance with the provisions of this part.

(b) Availability to public of reports

The Secretary may not make payments under section 290cc–21 of this title unless the State involved agrees to make copies of the reports described in subsection (a) of this section available for public inspection.

(c) Evaluations by Comptroller General

The Administrator of the Substance Abuse and Mental Health Services Administration shall evaluate at least once every 3 years the expenditures of grants under this part by eligible entities in order to ensure that expenditures are consistent with the provisions of this part, and shall include in such evaluation recommendations regarding changes needed in program design or operations.

(July 1, 1944, c. 373, Title V, § 528, as added July 22, 1987, Pub.L. 100–77, Title VI, § 611(3), 101 Stat. 520, and amended Nov. 4, 1988, Pub.L. 100–607, Title VIII, § 812(b), 102 Stat. 3170; Nov. 7, 1988, Pub.L. 100–628, Title VI, § 612(b), 102 Stat. 3243; Nov. 18, 1988, Pub.L. 100–690, Title II, § 2614(a), 102 Stat. 4239; Aug. 16, 1989, Pub.L. 101–93, § 5(t)(1), 103 Stat. 615; Nov. 29, 1990, Pub.L. 101–645, Title V, § 511, 104 Stat. 4730; July 10, 1992, Pub.L. 102–321, Title I, § 163(a)(1), formerly § 163(a)(2), 106 Stat. 375; renumbered § 163(a)(1), Aug. 26, 1992, Pub.L. 102–352, § 2(b)(2), 106 Stat. 939; Oct. 19, 1996, Pub.L. 104–316, Title I, § 122(c), 110 Stat. 3836.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

Amendments

1996 Amendments. Subsec. (a)(3). Pub.L. 104–316, § 122(c)(1), struck "the Comptroller General of the United Stated, and" following "(after consultation with".

Subsec. (c). Pub.L. 104–316, § 122(c)(2), struck out "Comptroller General of the United States in cooperation with the" preceding "Administrator", and struck out the comma following "Administration".

1992 Amendments. Subsec. (a). Pub.L. 102–321, § 163(a)(1)(A), formerly 163(a)(2)(A), as renumbered by Pub.L. 102–352, § 2(b)(2), substituted provisions relating to Administrator of Substance Abuse and Mental Health Services Administration for provisions relating to National Institutes of Mental Health, on Alcohol Abuse and Alcoholism, and on Drug Abuse.

Subsec. (c). Pub.L. 102–321, § 163(a)(1)(B), formerly § 163(a)(2)(B), as renumbered by Pub.L. 102–352, § 2(b)(2), substituted "Administrator of the Substance Abuse and Mental Health Services Administration" for "National Institute of Mental Health".

Effective and Applicability Provisions

1996 Acts. Amendment by Pub.L. 104–316 effective Oct. 19, 1996, see section 101(e) of Pub.L. 104–316, set out as a note under section 130c of Title 2, The Congress.

1992 Acts. Amendments by Pub.L. 102–321 effective Oct. 1, 1992, see section 801(c) of Pub.L. 102–321, set out as a note under section 236 of this title.

§ 290cc–30. Technical assistance

The Secretary, through the agencies of the Administration, shall provide technical assistance to eligible entities in developing planning and operating programs in accordance with the provisions of this part.

(July 1, 1944, c. 373, Title V, § 530, as added July 22, 1987, Pub.L. 100–77, Title VI, § 611(3), 101 Stat. 521, and amended Nov. 29, 1990, Pub.L. 101–645, Title V, § 511, 104 Stat. 4731; July 10, 1992, Pub.L. 102–321, Title I, §§ 162(2), 163(a)(3), 106 Stat. 375; Aug. 26, 1992, Pub.L. 102–352, § 2(b)(2), 106 Stat. 939.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

Codifications

Section 162(2) of Pub.L. 102–321, directing that this section be amended by striking "through the National" and all that follow through "Abuse" and inserting in lieu thereof "through the agencies of the Administration", was executed by striking "through the National Institute of Mental Health, the National Institute of Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse" and inserting the above–mentioned phrase, despite the failure to specify that the stricken matter was to include all matter through the second appearance of the word "Abuse", as the probable intent of Congress.

Amendments

1992 Amendments. Pub.L. 102–321, § 162(2), substituted "agencies of the Administration" for "National Institute of Mental Health, the National Institute of Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse". See Codification note set out under this section.

Effective and Applicability Provisions

1992 Acts. Amendments by Pub.L. 102–321 effective Oct. 1, 1992, see section 801(c) of Pub.L. 102–321, set out as a note under section 236 of this title.

Repeals

Section 163(a)(3) of Pub.L. 102–321, cited to the credit of this section, which directed that this section be amended by striking "the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse" and inserting in lieu thereof "the Administrator of the Substance Abuse and Mental Health Services Administration", and which was incapable of execution due to the amendment by section 162(2) of Pub.L. 102–321, was repealed by Pub.L. 102–352, § 2(b)(2), Aug. 26, 1992, 106 Stat. 939.

§ 290cc–34. Definitions

HISTORICAL AND STATUTORY NOTES

References in Text

Section 256 of this title, referred to in par. (2), was repealed by Pub.L. 104–299, § 4(a)(3), Oct. 11, 1996, 110 Stat. 3645.

§ 290cc–35. Funding

(a) Authorization of appropriations

For the purpose of carrying out this part, there is authorized to be appropriated $75,000,000 for each of the fiscal years 2001 through 2003.

(b) Effect of insufficient appropriations for minimum allotments

(1) In general

If the amounts made available under subsection (a) of this section for a fiscal year are insufficient for providing each State with an allotment under section 290cc–21 of this title of not less than the applicable amount under section 290cc–24(a)(1) of this title, the Secretary shall, from such amounts as are made available under such subsection, make grants to the States for providing to eligible homeless individuals the services specified in section 290cc–22(b) of this title.

(2) Rule of construction

Paragraph (1) may not be construed to require the Secretary to make a grant under such paragraph to each State.

(As amended Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXII, § 3203(b), 114 Stat. 1191.)

HISTORICAL AND STATUTORY NOTES

Amendments

2000 Amendments. Subsec. (a). Pub.L. 106–310, § 3203(b), substituted "fiscal years 2001 through 2003" for "fiscal years 1991 through 1994".

PART D—MISCELLANEOUS PROVISIONS RELATING TO SUBSTANCE ABUSE AND MENTAL HEALTH

HISTORICAL AND STATUTORY NOTES

Amendments

1992 Amendments. Pub.L. 102–321, Title I, § 131, July 10, 1992, 106 Stat. 366, substituted "Miscellaneous Provisions Relating to Substance Abuse and Mental Health" for "Miscellaneous Provisions Relating to Alcohol Abuse and Alcoholism and Drug Abuse" as the part heading, and struck out subpart headings ["Subpart 1—Provisions Relating to Alcohol Abuse and Alcoholism" and "Subpart 2—Provisions Relating to Drug Abuse"] which formerly had been set out preceding sections 290dd and 290ee, respectively.

§ 290dd. Substance abuse among government and other employees

(a) Programs and services

(1) Development

The Secretary, acting through the Administrator of the Substance Abuse and Mental Health Services Administration, shall be responsible for fostering substance abuse prevention and treatment programs and services in State and local governments and in private industry.

(2) Model programs

(A) In general

Consistent with the responsibilities described in paragraph (1), the Secretary, acting through the Administrator of the Substance Abuse and Mental Health Services Administration, shall develop a variety of model programs suitable for replication on a cost-effective basis in different types of business concerns and State and local governmental entities.

(B) Dissemination of information

The Secretary, acting through the Administrator of the Substance Abuse and Mental Health Services Administration, shall disseminate information and materials relative to such model programs to the State agencies responsible for the administration of substance abuse prevention, treatment, and rehabilitation activities and shall, to the extent feasible provide technical assistance to such agencies as requested.

(b) Deprivation of employment

(1) Prohibition

No person may be denied or deprived of Federal civilian employment or a Federal professional or other license or right solely on the grounds of prior substance abuse.

(2) Application

This subsection shall not apply to employment in—

(A) the Central Intelligence Agency;

(B) the Federal Bureau of Investigation;

(C) the National Security Agency;

(D) any other department or agency of the Federal Government designated for purposes of national security by the President; or

(E) in any position in any department or agency of the Federal Government, not referred to in subparagraphs (A) through (D), which position is determined pursuant to regulations prescribed by the head of such agency or department to be a sensitive position.

(3) Rehabilitation Act

The inapplicability of the prohibition described in paragraph (1) to the employment described in paragraph (2) shall not be construed to reflect on the applicability of the Rehabilitation Act of 1973 [29 U.S.C.A. § 701 et seq.] or other anti-discrimination laws to such employment.

(c) Construction

This section shall not be construed to prohibit the dismissal from employment of a Federal civilian employee who cannot properly function in his employment.

(July 1, 1944, c. 373, Title V, § 541, formerly § 520, Pub.L. 91–616, Title III, § 301, Dec. 31, 1970, 84 Stat. 1849; Pub.L. 92–554, Oct. 25, 1972, 86 Stat. 1167; Pub.L. 93–282, Title I, § 105(a), May 14, 1974, 88 Stat. 127; Pub.L. 94–371, § 3(a), July 26, 1976, 90 Stat. 1035; Pub.L. 96–180, § 7, Jan. 2, 1980, 93 Stat. 1303; Pub.L. 97–35, Title IX, § 962(a), Aug. 13, 1981, 95 Stat. 592; renumbered § 520 and amended Apr. 26, 1983, Pub.L. 98–24, § 2(b)(13), 97 Stat. 181; Oct. 19, 1984, Pub.L. 98–509, Title III, § 301(c)(2), 98 Stat. 2364; renumbered § 541, July 22, 1987, Pub.L. 100–77, Title VI, § 611(2), 101 Stat. 516; Nov. 4, 1988, Pub.L. 100–607, Title VIII, § 813(2), 102 Stat. 3170; Nov. 7, 1988, Pub.L. 100–628, Title VI, § 613(2), 102 Stat. 3243; Aug. 16, 1989, Pub.L. 101–93, § 5(t)(1), 103 Stat. 615; July 10, 1992, Pub.L. 102–321, Title I, § 131, 106 Stat. 367.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

References in Text

The Rehabilitation Act of 1973, referred to in subsec. (b)(3), is Pub.L. 93–112, Sept. 26, 1973, 87 Stat. 355, as amended, which is classified principally to chapter 16 (section 701 et seq.) of Title 29, Labor. For complete classification of this Act to the Code, see Short Title note set out under section 701 of Title 29 and Tables.

Amendments

1992 Amendments. Pub.L. 102–321, § 131, amended section generally, substituting provisions formerly set out in section 290dd–1 of this title, relating to substance abuse among government and other employees, for provisions relating to technical assistance to States.

Effective and Applicability Provisions

1992 Acts. Amendment by Pub.L. 102–321 effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal years 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of this title.

LIBRARY REFERENCES

Encyclopedias

Commitment of addicts generally, see C.J.S. Chemical Dependents § 10 et seq.

25 Am. Jur. 2d, Drugs and Controlled Substances § 250.

Texts and Treatises

3 Employment Discrim Coord, Scope of Laws ¶ 23,404.

3 Employment Discrim Coord, Types of Discrimination ¶¶ 20,717.8, 734.

§ 290dd–1. Admission of substance abusers to private and public hospitals and outpatient facilities

(a) Nondiscrimination

Substance abusers who are suffering from medical conditions shall not be discriminated against in admission or treatment, solely because of their substance abuse, by any private or public general hospital, or outpatient facility (as defined in section 300s–3(4) of this title) which receives support in any form from any program supported in whole or in part by funds appropriated to any Federal department or agency.

(b) Regulations

(1) In general

The Secretary shall issue regulations for the enforcement of the policy of subsection (a) of this section with respect to the admission and treatment of substance abusers in hospitals and outpatient facilities which receive support of any kind from any program administered by the Secretary. Such regulations shall include procedures for determining (after opportunity for a hearing if requested) if a violation of subsection (a) of this section has occurred, notification of failure to comply with such subsection, and opportunity for a violator to comply with such subsection. If the Secretary determines that a hospital or outpatient facility

subject to such regulations has violated subsection (a) of this section and such violation continues after an opportunity has been afforded for compliance, the Secretary may suspend or revoke, after opportunity for a hearing, all or part of any support of any kind received by such hospital from any program administered by the Secretary. The Secretary may consult with the officials responsible for the administration of any other Federal program from which such hospital or outpatient facility receives support of any kind, with respect to the suspension or revocation of such other Federal support for such hospital or outpatient facility.

(2) Department of Veterans Affairs

The Secretary of Veterans Affairs, acting through the Under Secretary for Health, shall, to the maximum feasible extent consistent with their responsibilities under Title 38, prescribe regulations making applicable the regulations prescribed by the Secretary under paragraph (1) to the provision of hospital care, nursing home care, domiciliary care, and medical services under such Title 38 to veterans suffering from substance abuse. In prescribing and implementing regulations pursuant to this paragraph, the Secretary shall, from time to time, consult with the Secretary of Health and Human Services in order to achieve the maximum possible coordination of the regulations, and the implementation thereof, which they each prescribe.

(July 1, 1944, c. 373, Title V, § 542, formerly § 521, Pub.L. 91–616, Title II, § 201, Dec. 31, 1970, 84 Stat. 1849; Pub.L. 96–180, § 6(a), (b)(1), (2)(B), Jan. 2, 1980, 93 Stat. 1302, 1303; Pub.L. 97–35, Title IX, §§ 961, 966(d), (e), Aug. 13, 1981, 95 Stat. 592, 595; renumbered § 521 and amended Apr. 26, 1983, Pub.L. 98–24, § 2(b)(13), 97 Stat. 181; Oct. 19, 1984, Pub.L. 98–509, Title III, § 301(c)(2), 98 Stat. 2364; Oct. 27, 1986, Pub.L. 99–570, Title VI, § 6002(b)(1), 100 Stat. 3207–158; renumbered § 542, July 22, 1987, Pub. L. 100–77, Title VI, § 611(2), 101 Stat. 516; July 10, 1992, Pub.L. 102–321, Title I, § 131, 106 Stat. 368; Oct. 9, 1992, Pub.L. 102–405, Title III, § 302(e)(1), 106 Stat. 1985; Nov. 2, 1994, Pub.L. 103–446, Title XII, § 1203(a)(2), 108 Stat. 4689.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

House Conference Report No. 102–871, see 1992 U.S. Code Cong. and Adm. News, p. 1362.

1994 Acts. Related House Report No. 103–669, see 1994 U.S. Code Cong. and Adm. News, p. 3681.

Amendments

1994 Amendments. Subsec. (b)(2). Pub.L. 103–446, § 1203(a)(2), which directed the substitution of "Under Secretary for Health" for "Chief Medical Director" required no change in text due to prior amendment pursuant to section 302(e) of Pub.L. 102–405. See Change of Name note set out under this section.

1992 Amendments. Pub.L. 102–321, § 131, amended section generally, substituting provisions formerly set out in section 290dd–2 of this title, relating to admission of substance abusers to private and public hospitals and outpatient facilities, for provisions relating to programs for government and other employees.

Effective and Applicability Provisions

1992 Acts. Amendment by Pub.L. 102–321 effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal years 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of this title.

Change of Name

Reference to Chief Medical Director deemed to refer to Under Secretary for Health pursuant to section 302(e) of Pub.L. 102–405, set out as a note under section 305 of Title 38, Veterans' Benefits.

LIBRARY REFERENCES

Encyclopedias

Narcotics and dangerous drugs; constitutional and statutory provisions, see C.J.S. Chemical Dependents § 11.

25 Am. Jur. 2d, Drugs and Controlled Substances § 257.

Texts and Treatises

3 Employment Discrim Coord, Types of Discrimination ¶ 20,734.

NOTES OF DECISIONS

4. Dysfunctional abusers

Butler v. Thornburgh, C.A.5 (La.) 1990, 900 F.2d 871, [main volume] certiorari denied 111 S.Ct. 555, 498 U.S. 998, 112 L.Ed.2d 562.

5. Remedies and relief

Burchell v. Department of Army, D.S.C.1988, 679 F.Supp. 1393, [main volume] affirmed in part, reversed in part 869 F.2d 253.

Whitlock v. Donovan, D.C.D.C.1984, 598 F.Supp. 126, affirmed [main volume] 790 F.2d 964, 252 U.S.App.D.C. 403.

§ 290dd–2. Confidentiality of records

(a) Requirement

Records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any program or activity relating to substance abuse education, prevention, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall, except as provided in subsection (e) of this section, be confidential and be disclosed only for the purposes and under the circumstances expressly authorized under subsection (b) of this section.

(b) Permitted disclosure

(1) Consent

The content of any record referred to in subsection (a) of this section may be disclosed in accordance with the prior written consent of the patient with respect to whom such record is maintained, but only to such extent, under such circumstances, and for such purposes as may be allowed under regulations prescribed pursuant to subsection (g) of this section.

(2) Method for disclosure

Whether or not the patient, with respect to whom any given record referred to in subsection (a) of this section is maintained, gives written consent, the content of such record may be disclosed as follows:

(A) To medical personnel to the extent necessary to meet a bona fide medical emergency.

(B) To qualified personnel for the purpose of conducting scientific research, management audits, financial audits, or program evaluation, but such personnel may not identify, directly or indirectly, any individual patient in any report of such research, audit, or evaluation, or otherwise disclose patient identities in any manner.

(C) If authorized by an appropriate order of a court of competent jurisdiction granted after application showing good cause therefor, including the need to avert a substantial risk of death or serious bodily harm. In assessing good cause the court shall weigh the public interest and the need for disclosure against the injury to the patient, to the physician-patient relationship, and to the treatment services. Upon the granting of such order, the court, in determining the extent to which any disclosure of all or any part of any record is necessary, shall impose appropriate safeguards against unauthorized disclosure.

(c) Use of records in criminal proceedings

Except as authorized by a court order granted under subsection (b)(2)(C) of this section, no record referred to in subsection (a) of this section may be used to initiate or substantiate any criminal charges against a patient or to conduct any investigation of a patient.

(d) Application

The prohibitions of this section continue to apply to records concerning any individual who has been a patient, irrespective of whether or when such individual ceases to be a patient.

(e) Nonapplicability

The prohibitions of this section do not apply to any interchange of records—

(1) within the Uniformed Services or within those components of the Department of Veterans Affairs furnishing health care to veterans; or

(2) between such components and the Uniformed Services.

The prohibitions of this section do not apply to the reporting under State law of incidents of suspected child abuse and neglect to the appropriate State or local authorities.

(f) Penalties

Any person who violates any provision of this section or any regulation issued pursuant to this section shall be fined in accordance with Title 18.

(g) Regulations

Except as provided in subsection (h) of this section, the Secretary shall prescribe regulations to carry out the purposes of this section. Such regulations may contain such definitions, and may provide for such safeguards and procedures, including procedures and criteria for the issuance and scope of orders under subsection (b)(2)(C) of this section, as in the judgment of the Secretary are necessary or proper to effectuate the purposes of this section, to prevent circumvention or evasion thereof, or to facilitate compliance therewith.

(h) Application to Department of Veterans Affairs

The Secretary of Veterans Affairs, acting through the Under Secretary for Health, shall, to the maximum feasible extent consistent with their responsibilities under Title 38, prescribe regulations making applicable the regulations prescribed by the Secretary of Health and Human Services under subsection (g) of this section to records maintained in connection with the provision of hospital care, nursing home care, domiciliary care, and medical services under such Title 38 to veterans suffering from substance abuse. In prescribing and implementing regulations pursuant to this subsection, the Secretary of Veterans Affairs shall, from time to time, consult with the Secretary of Health and Human Services in order to achieve the maximum possible coordination of the regulations, and the implementation thereof, which they each prescribe.

(July 1, 1944, c. 373, Title V, § 543, formerly § 522, Pub.L. 91–616, Title III, § 321, Dec. 31, 1970, 84 Stat. 1852; Pub.L. 93–282, Title I, § 121(a), May 14, 1974, 88 Stat. 130; Pub.L. 94–371, § 11(a), (b), July 26, 1976, 90 Stat. 1041; Pub.L. 94–581, Title I, § 111(c)(1), Oct. 21, 1976, 90 Stat. 2852; renumbered § 522 and amended Apr. 26, 1983, Pub.L. 98–24, § 2(b)(13), 97 Stat. 181; renumbered § 543, Pub.L. 100–77, Title VI, § 611(2), July 22, 1987, 101 Stat. 516; July 10, 1992, Pub.L. 102–321, Title I, § 131, 106 Stat. 368; Oct. 9, 1992, Pub.L. 102–405, Title III, § 302(e)(1), 106 Stat. 1985; Nov. 13, 1998, Pub.L. 105–392, Title IV, § 402(c), 112 Stat. 3588.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

House Conference Report No. 102–871, see 1992 U.S. Code Cong. and Adm. News, p. 1362.

Amendments

1998 Amendments. Subsec. (e). Pub.L. 105–392, § 402(c), substituted "Uniformed Services" for "Armed Forces" each place such term appeared.

1992 Amendments. Pub.L. 102–321, § 131, amended section generally, substituting provisions formerly set out in section 290dd–3 of this title, relating to confidentiality of records, for provisions relating to admission of alcohol abusers and alcoholics to general hospitals and outpatient facilities.

Effective and Applicability Provisions

1992 Acts. Amendment by Pub.L. 102–321 effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal years 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of this title.

Change of Name

Reference to Chief Medical Director deemed to refer to Under Secretary for Health pursuant to section 302(e) of Pub.L. 102–405, set out as a note under section 305 of Title 38, Veterans' Benefits.

LIBRARY REFERENCES

Encyclopedias

Narcotics and dangerous drugs; eligibility for, and persons subject to, commitment, see C.J.S. Chemical Dependents § 12.

Rights protected and discrimination prohibited; federally assisted programs, see C.J.S. Civil Rights § 46 et seq., 121.

25 Am. Jur. 2d, Drugs and Controlled Substances § 273.

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1. Construction with other laws

County was not liable under § 1983 for search of patient records in methadone clinic without probable cause, on the basis of failure to train law enforcement officers, because it did not make its law enforcement officers aware, prior to the incident, of statute limiting disclosure of records of substance abuse programs, as there was nothing in the record to suggest that county's lack of instruction was the result of an affirmative, conscious decision, and because this was a single incident, the need for training with regard to the confidentiality of drug treatment records was not so plainly obvious to the policymakers that the failure to instruct on the statute could be said to be deliberately indifferent. Doe v. Broderick, C.A.4 (Va.) 2000, 225 F.3d 440.

Treatment records pertaining to mother's substance abuse contemporaneous with her pregnancy were discoverable in mother's medical malpractice action alleging negligence in prenatal care, labor, and delivery of daughter; mother placed her physical and mental condition in controversy by commencing action, and discovery was sought with respect to causation of daughter's injury, and was not pursued merely to obtain material that was cumulative or to be employed for purposes of impeachment. Napoleoni v. Union Hosp. of the Bronx, N.Y.A.D. 1 Dept.1994, 616 N.Y.S.2d 38, 207 A.D.2d 660.

Enactment of this section did not affect sections 242a and 872 of this title relating to confidentiality of records and identity of research subjects. People v. Newman, N.Y.1973, 298 N.E.2d 651, 345 N.Y.S.2d 502, 32 N.Y.2d 379, certiorari denied 94 S.Ct. 927, 414 U.S. 1163, 39 L.Ed.2d 116.

1a. Construction with Federal Rules of Evidence

There is no basis to assume that Congress, by enacting statute which prohibits disclosure of records of identity, diagnosis, prognosis or treatment of patient which are maintained in connection with performance of any program or activity relating to substance abuse intended to repeal court's authority under Federal Rule of Evidence to create and apply evidentiary privileges when disclosure of record is secured pursuant to statutory exception to confidentiality requirement. In re August, 1993 Regular Grand Jury (Medical Corp. Subpoena II), S.D.Ind.1993, 854 F.Supp. 1392, reconsideration denied 854 F.Supp. 1403.

2. Retroactive effect

This section is not to be applied retroactively. State v. White, Conn.1975, 363 A.2d 143, 169 Conn. 223, certiorari denied 96 S.Ct. 469, 423 U.S. 1025, 46 L.Ed.2d 399.

2a. Purpose

The express purpose of statute and regulations prohibiting disclosure of records relating to substance abuse treatment except by patient consent or court order after a showing of good cause is to encourage patients to seek treatment for substance abuse without fear that by so doing, their privacy will be compromised. Mosier v. American Home Patient, Inc., N.D.Fla. 2001, 170 F.Supp.2d 1211.

3. Conditional nature of right

Comprehensive Alcohol Abuse and Alcoholism Prevention Treatment and Rehabilitation Act establishes a conditional, not an absolute, right of nondisclosure of records of patients involved in alcohol treatment. State v. Rollinson, Conn. 1987, 526 A.2d 1283, 203 Conn. 641.

4. Patients within section

Veterans Administration [now Department of Veterans Affairs] pharmacist, who was taken to Veterans Administration [now Department of Veterans Affairs] medical center's emergency room after he was discovered abusing drugs by police and his supervisor, was a "patient" of the Center for purposes of statute protecting confidentiality of records of his identity, diagnosis, prognosis or treatment. U.S. v. Eide, C.A.9 (Idaho) 1989, 875 F.2d 1429.

Provisions of this section creating limited confidentiality for records of identity, diagnosis, prognosis or treatment of any patient which are maintained in connection with performance of any alcohol or drug abuse program regulated or assisted by federal government did not protect

from disclosure statements made by defendant to staff psychologist at health center where there was no indication that defendant was "patient" at center. Com. v. Mandeville, Mass.1982, 436 N.E.2d 912, 386 Mass. 393.

5. Programs or facilities within section

Veterans Administration [now Department of Veterans Affairs] medical center's emergency room to which Veterans Administration [now Department of Veterans Affairs] pharmacist was taken after he was discovered using illegal drugs by police and his supervisor was a "federally assisted drug abuse program" within meaning of statute protecting confidentiality of patient's records from such programs. U.S. v. Eide, C.A.9 (Idaho) 1989, 875 F.2d 1429.

Statements made by defendant in jail to leader of self-help group for alcoholics were not protected by federal law guaranteeing confidentiality of federally funded substance abuse treatment programs, since jail was not recipient of any federal funds for substance abuse treatment programs at time of defendant's incarceration; moreover, statute did not operate as rule of evidentiary privilege or exclusion, but rather provided civil fine in event of violation. State v. Boobar, Me.1994, 637 A.2d 1162.

This section applied to Santa Maria methadone clinic. Armenta v. Superior Court of Santa Barbara County, Cal.App. 2 Dist.1976, 132 Cal. Rptr. 586, 61 Cal.App.3d 584.

Drug abuse prevention program which was operated by town which received funds from state and county authorities which participated in federal revenue sharing fell within ambit of this section relating to disclosure of records maintained in connection with performance of any drug abuse prevention program which is assisted by funds supplied by any department or agency of the United States. Town of Huntington v. New York State Drug Abuse Control Commission, N.Y.Sup.1975, 373 N.Y.S.2d 728, 84 Misc.2d 138.

6. Persons prohibited from disclosing records

Prohibition against disclosure of information developed through Alcohol and Drug Abuse Prevention and Control Program applies to individuals responsible for any client record and individuals who have knowledge of information contained in client records. U.S. v. Thomas, ACMR 1988, 26 M.J. 735, review denied 28 M.J. 253.

Where witness was not licensed to practice psychiatry or psychology, nor did he have doctoral degree in either field, witness was not "psychotherapist" within meaning of this section even though employed at health center as a staff psychologist, and thus, witness could testify about conversations he had with defendant. Com. v. Mandeville, Mass.1982, 436 N.E.2d 912, 386 Mass. 393.

7. Protected records within section—Generally

Results of urinalysis test given to Veterans Administration [now Department of Veterans Affairs] pharmacist after he was taken to Veterans Administration [now Department of Veterans Affairs] medical center's emergency room upon being discovered by police and his supervisor using illegal drugs, and statements made by pharmacist in emergency room, constituted "records" within meaning of statute protecting confidentiality of records of Veterans Administration [now Department of Veterans Affairs] patients. U.S. v. Eide, C.A.9 (Idaho) 1989, 875 F.2d 1429.

Employment records contained in file of government witness maintained by drug treatment program which she had attended were entwined with the patient records and thus protected from disclosure. U. S. v. Graham, C.A.8 (Iowa) 1977, 548 F.2d 1302.

An AF Form 1612, Notification of Drug-Abuse Information, which was placed in the accused's unfavorable information file showing he was entered into the drug-abuse prevention program, was confidential information and was inadmissible in court-martial as evidence reflecting his past conduct; furthermore, prejudice to the accused was magnified by the trial court's argument that the accused had been unsuccessful in the drug rehabilitation program as evidenced by his subsequent involvement with drugs and thus was not a suitable candidate for any rehabilitation. U. S. v. Cruzado-Rodriguez, AFCMR 1980, 9 M.J. 908.

Limitations on disclosure of confidential drug abuse records apply equally to nondocumentary evidence such as testimony of witnesses. U. S. v. Fenyo, AFCMR 1979, 6 M.J. 933.

Patients' four digit zip code suffix data was confidential and exempt from disclosure under state and federal law and, thus, Commission on Hospitals and Health Care (CHHC) could not retain zip code suffix data that had been provided by hospitals under prior regulation governing prospective payment system for public health care; zip code suffix data was sufficiently descriptive that patient could be reasonably identified by person acquainted with patient. Connecticut State Medical Soc. v. Commission on Hospitals and Health Care, Conn.1992, 612 A.2d 1217, 223 Conn. 450, on remand.

Records of patient suffering from alcoholism are confidential and privileged. Service Merchandise Co. of Florida, Inc. v. Larsen, Fla.App. 4 Dist.1992, 599 So.2d 749.

8. —— Observations

Observations which agents made of defendant as he entered a hospital room he shared with an individual whom agents were investigating for illegal drug traffic, and their knowledge of fact that defendant had signed a search authorization form, though perhaps infringing on informational restrictions set forth in patient confidentiality statute, were not a basis on which to require suppression of drugs subsequently discovered in hospital room where agents focused their investigation on individual with whom defendant was sharing hospital room and, by obtaining a voluntary disclosure from that individual which was not part of a confidential patient record, obtained information which they could act upon without having to use their previous observation and knowledge of defendant. U.S. v. Johnston, C.A.8 (Mo.) 1987, 810 F.2d 841.

Fact that an observation concerning person undergoing drug treatment is put on paper and

sent to that person's probation officer does not elevate the observation to the status of a confidential "record" within meaning of this section. State v. White, Conn.1975, 363 A.2d 143, 169 Conn. 223, certiorari denied 96 S.Ct. 469, 423 U.S. 1025, 46 L.Ed.2d 399.

Counselor's direct personal observations are not "record" within meaning of federal statute providing that patient records of federally assisted or regulated drug abuse prevention programs may not be disclosed to initiate or substantiate criminal charges or to conduct investigation, even if reduced to writing or testified to in court. State v. Brown, Minn.App. 1985, 376 N.W.2d 451, review denied.

9. —— Statements

Where director of federally funded alcohol abuse program was called and told by defendant's friend, who had no knowledge that defendant was participating in that program, that defendant was intoxicated and driving blue Ford Bronco, where director conveyed that information to sheriff, informed him of defendant's usual hangout, and asked sheriff to watch out for him, and where sheriff remembered the vehicle because he had observed it at local bars on previous occasions, the information conveyed by director to sheriff did not fall within scope of this section requiring that patient records maintained in connection with performance of any federally funded program or activity related to alcohol abuse treatment remain confidential. State v. Magnuson, Mont.1984, 682 P.2d 1365, 210 Mont. 401.

10. —— Testimony

Testimony by accused's company commander that accused had been unsuccessful in rehabilitation program did not violate provision of the Public Health Service Act limiting disclosure of patient's drug treatment records. U.S. v. Johnson, ACMR 1987, 25 M.J. 517, review denied 26 M.J. 226.

Where accused did not consent to release of confidential drug records for his "benefit," it was error to permit witness to testify as to accused's confidential drug rehabilitation record during sentencing portion of trial to determine if accused should be given opportunity to be rehabilitated, thus requiring reassessment of sentence. U. S. v. Fenyo, AFCMR 1979, 6 M.J. 933.

11. Consent

Police officer could not be discharged on basis of positive test for cocaine ingestion where the only evidence of that conduct was derived from urinalysis performed at completion of her participation in department's federally assisted alcohol counseling program and she had not consented to release of results of that test. Jeanette A v. Condon, S.D.N.Y.1989, 728 F.Supp. 204.

The consent contemplated by federal statutes and regulations which generally prohibit the disclosure of alcohol or drug abuse records unless patient has given prior written consent is genuine consent, not one compelled for purposes of litigation. Susan W. v. Ronald A., N.Y.Sup.1990, 558 N.Y.S.2d 813, 147 Misc.2d 669.

12. Waiver

Even if patient's wife was substituted in place of patient for purposes of provision governing waiver of federal regulations limiting disclosure of hospital records relating to treatment for alcoholism, there was no waiver, since wife did not put content of patient's communications with hospital in question during trial of action for proceeds of policies insuring patient's life. Whyte v. Connecticut Mut. Life Ins. Co., C.A.1 (Mass.) 1987, 818 F.2d 1005.

Assuming, arguendo, that federal statutes and regulations were inapplicable, or, if applicable, were satisfied, patients at drug and alcohol treatment facility did not waive their privilege to confidentiality by neglecting to conceal their identities during treatment by using pseudonyms, and thus order compelling petitioners to answer interrogatory requesting names of patients was error. Heartview Foundation v. Glaser, N.D.1985, 361 N.W.2d 232.

13. Patient's offer of testimony

Labor union's decision to grieve discharge of employee who had participated in in-hospital substance abuse program did not constitute offering of testimony or other evidence pertaining to content of confidential communications between employee and hospital personnel, so as to support disclosure of drug abuse prevention treatment records. Local 738, Intern. Broth. of Teamsters v. Certified Grocers Midwest, Inc., N.D.Ill.1990, 737 F.Supp. 1030.

Evidence that accused charged with drug offenses received treatment in alcohol and drug rehabilitation program for alcohol abuse and subsequently relapsed to drinking, introduced to impeach evidence that accused could be rehabilitated, was not protected from disclosure by confidentiality provisions of army regulation governing alcohol and drug abuse prevention; even if accused had asserted his right to confidentiality by making proper objection at trial, trial counsel would have been required to request, and military judge could have issued, order to allow members to receive and consider the information. U.S. v. Hanks, ACMR 1989, 29 M.J. 907, review denied 31 M.J. 489.

Accused's request for rehabilitation as result of conviction for larceny in possession of stolen property did not open door for introduction of his confidential drug abuse records. U. S. v. Fenyo, AFCMR 1979, 6 M.J. 933.

Treatment records pertaining to mother's substance abuse contemporaneous with her pregnancy were discoverable in mother's medical malpractice action alleging negligence in prenatal care, labor, and delivery of daughter; mother placed her physical and mental condition in controversy by commencing action, and discovery was sought with respect to causation of daughter's injury, and was not pursued merely to obtain material that was cumulative or to be employed for purposes of impeachment. Napoleoni v. Union Hosp. of the Bronx, N.Y.A.D. 1 Dept.1994, 616 N.Y.S.2d 38, 207 A.D.2d 660.

14. Good cause—Generally

Privilege of confidentiality afforded to communications made by a patient to a program in the course of substance abuse diagnosis, treatment

or referral is a strong one, not to be lightly set aside, and mere relevance to a potential defense is not enough. Mosier v. American Home Patient, Inc., N.D.Fla.2001, 170 F.Supp.2d 1211.

Employee was prohibited from discovering any information about any person that was contained in any record held by employer's substance abuse treatment program pursuant to federal statute providing that records of the identity or treatment of any patient which are maintained in connection with substance abuse treatment program are confidential and shall only be disclosed under certain circumstances; employee's circumstances did not fit within any of the exceptions under which disclosure of such information was authorized. Carr v. Allegheny Health, Educ., and Research Foundation, W.D.Pa.1996, 933 F.Supp. 485.

Under "good cause" exception contained in federal statute dealing with confidentiality of records of patients participating in federally related substance abuse programs, as well as implied waiver of state privilege of confidentiality under Pennsylvania law, personal injury plaintiff's medical records were subject to disclosure; plaintiff admitted to having had alcohol and drug problem at time of accident and receiving treatment shortly thereafter, and defendants alleged that plaintiff's injuries may have been caused in whole or part by his own conduct. Mulholland v. Dietz Co., E.D.Pa.1994, 896 F.Supp. 179.

Government established good cause necessary to obtain, through grand jury subpoena, nonconfidential communications contained in patient records of psychotherapist being investigated for billing fraud; there was no other effective means of obtaining information concerning what services were performed and how much was billed, the public interest in disclosure was great, and secrecy attendant to grand jury proceedings would ensure that identities of patients would not be publicly disclosed. In re August, 1993 Regular Grand Jury (Hospital Subpoena), S.D.Ind.1994, 854 F.Supp. 1380.

Where defendant had been convicted of distribution of heroin, where he had been placed on probation and ordered to participate in community oriented drug program, and where urinalysis performed at correction center indicated positive reaction for morphine-quinine, Government's request for subpoena duces tecum directed to hospital at which the drug program was conducted would be granted. U.S. v. Hopper, D.C.Ill. 1977, 440 F.Supp. 1208.

Good cause existed for release of arrestee's medical records during discovery in § 1983 action to recover for arrestee's death while in police custody, even though records contained reference to treatment for drug and alcohol abuse and were therefore confidential; possibility could not be ruled out that death resulted from preexisting condition related to alcoholism or drug abuse. O'Boyle v. Jensen, M.D.Pa.1993, 150 F.R.D. 519.

Under circumstances in which putative father in paternity proceeding seeks disclosure of records of natural mother's treatment by drug abuse treatment center assisted by United States agency so as to attack credibility of mother's testimony, "good cause" has not been shown sufficient to direct disclosure by court order, since substantial and legitimate interests of both mother and drug treatment centers, including advancement of public interest by protecting patients against disclosures the threat of which might deter their participation, dictate that confidentiality of records be preserved. Commissioner of Social Services of City of New York v. David R. S., N.Y.1982, 436 N.E.2d 451, 451 N.Y.S.2d 1, 55 N.Y.2d 588, reversed on other grounds 439 N.E.2d 396, 453 N.Y.S.2d 681, 56 N.Y.2d 985.

15. —— Injury

Statutory injunction that "the court shall weigh the public interest and the need for disclosure against the injury to the patient, to the physician-patient relationship, and to the treatment services" in determining presence of "good cause" sufficient to allow disclosure of patient records maintained in connection with drug abuse prevention function directly or indirectly assisted by United States agency requires determination not only of whether information disclosed may be injurious but also whether disclosure may be injurious either to patient or to her relationship with drug abuse treatment center. Commissioner of Social Services of City of New York v. David R. S., N.Y.1982, 436 N.E.2d 451, 451 N.Y.S.2d 1, 55 N.Y.2d 588, reversed on other grounds 439 N.E.2d 396, 453 N.Y.S.2d 681, 56 N.Y.2d 985.

16. —— Extremely serious crime

Failure to make finding that statutory criteria were met for admission of confidential drug treatment records was not reversible error, in prosecution of defendant for purchasing firearms while an addict or unlawful user of controlled substance, where reasonable trial judge could have found that all criteria listed in implementing regulation were met; purchase of firearms by person addicted to controlled substance was "extremely serious" offense, there was no other practical way of obtaining evidence, records contained evidence of substantial value to prosecution, and injury to physician-patient relationship was outweighed by public interest in disclosure. U.S. v. Corona, C.A.11 (Fla.) 1988, 849 F.2d 562, certiorari denied 109 S.Ct. 1542, 489 U.S. 1084, 103 L.Ed.2d 846.

Regulation authorizing release of health records of patients treated for drug or alcohol abuse, to facilitate investigation or prosecution of "extremely serious" crime, was not satisfied when patient allegedly committed crime of making false statements in connection with purchase of firearm, which was later allegedly used by third party in commission of robbery. U.S. v. Hughes, D.Mass.2000, 95 F.Supp.2d 49.

Crime of distribution of heroin was "extremely serious," for purposes of regulation providing that, when prosecutorial agency makes application to the court for order permitting disclosure of patient records, court should consider whether the crime was extremely serious. U. S. v. Hopper, N.D.Ill.1977, 440 F.Supp. 1208.

16a. —— Risk of death or serious bodily harm

Confidential communications contained in hospital patient records could not be disclosed pursuant to subpoena issued by grand jury investi-

gating allegedly fraudulent billing practices by psychotherapist; disclosure was not necessary to protect against existing threat to life or threat of serious bodily injury, there was no indication that any patient had offered testimony or other evidence pertaining to confidential communications, and fraudulent billing was not "extremely dangerous crime," within meaning of third exception to prohibition against disclosure. In re August, 1993 Regular Grand Jury (Hospital Subpoena), S.D.Ind.1994, 854 F.Supp. 1380.

17. —— Need for disclosure

Employer's alleged need to see if substance abuse affected former employee's work both during and subsequent to his employment was not good cause necessary to overcome confidentiality afforded to employee's substance abuse records, in employee's discrimination case against employer; disclosure was not necessary to avert substantial risk of death or serious bodily harm, employee had been treated for alcohol abuse six years prior to his employment with employer, and employee's having found continuous employment similar to position he lost with employer avoided employer's need to inquire whether employee was unable to mitigate his alleged damages due to his substance abuse. Mosier v. American Home Patient, Inc., N.D.Fla.2001, 170 F.Supp.2d 1211.

Government seeking health records of patient receiving treatment for drug abuse, for use in connection with patient's prosecution for making false statement in connection with purchase of firearm and being drug user in possession of firearm, did not satisfy regulatory requirement of showing that need for disclosure outweighed potential injury to patient, physician-patient relationship and ability of rehabilitation program to provide services. U.S. v. Hughes, D.Mass. 2000, 95 F.Supp.2d 49.

Where trial court allowed defense counsel to thoroughly cross-examine victim's wife on subject of her drug abuse and she was examined at length and in detail about her prior admissions to hospital and her use of drugs on each such occasion, her credibility or lack thereof was clearly put before jury on that issue and any further testimony or extrinsic evidence on that subject would have been cumulative and repetitious, and consequently defendant did not sufficiently establish overriding necessity for disclosure of mental health center records concerning her treatment for alcohol and/or drug abuse in face of strong policy of Congress against disclosure. Bell v. State, Ala.Cr.App.1980, 385 So.2d 78.

18. —— Public interest

Good cause for release of probationer's drug treatment records to Department of Probation without his consent was presented by the public's interest in having persons convicted of crime satisfactorily complete the sentences imposed on them and the need to permit enhanced supervision by the Department and the court. People v. Silkworth, N.Y.City Crim.Ct.1989, 538 N.Y.S.2d 692, 142 Misc.2d 752.

Board of medical examiners investigating complaints of physician misconduct was entitled to disclosure of physician's medical records from substance abuse treatment center under drug abuse program confidentiality requirements applicable to federal fund recipients; there was no other way for board to obtain desired information, and public interest and need for disclosure due to possibility of harm posed by physician practicing under the influence of drugs outweighed potential injury to physician, and treatment services. State Bd. of Medical Examiners v. Fenwick Hall, Inc., S.C.1992, 419 S.E.2d 222, 308 S.C. 477.

19. Child neglect or abuse proceedings

Mother's drug treatment records were admissible under federal and state law in action to terminate parental rights of mother where mother's drug abuse problem was main obstacle to her reunification with child. Matter of Lameek L., N.Y.A.D. 2 Dept.1996, 640 N.Y.S.2d 600, 226 A.D.2d 464.

Records of medical center with respect to natural mother's drug treatment were not subject to being produced in child neglect proceeding for purpose of establishing allegation of mother's drug misuse, even if they did show that mother had been in a methadone treatment program for drug addiction, where such records would not be probative of drug use subsequent to birth of child and would be merely cumulative on issue of drug use prior to child's birth. Matter of Stephen F., N.Y.Fam.Ct.1982, 460 N.Y.S.2d 856, 118 Misc.2d 655.

In neglect proceeding brought by New York Social Services Commissioner, family court found that there was "good cause," as required by this section, to authorize disclosure of hospital's alcohol abuse records of respondent mother, which records were sought by Commissioner, since confidentiality had to give way before such court's duty to prevent harm to its ward to safeguard best interests of child, and since Commissioner, in his affidavit, had satisfactorily demonstrated that evidence of alleged chronic alcoholism of mother would be contained in such records and that such evidence was both necessary and material to meet his burden of proof. Matter of Dwayne G., N.Y.Fam.Ct.1978, 411 N.Y.S.2d 180, 97 Misc.2d 333.

Policies of confidentiality of alcohol and drug abuse patient records and of physician-patient relationship were outweighed by interests of young children involved in child protective proceeding, and family court would therefore sustain motions to require alcohol and drug abuse treatment center to produce patient's medical records and to require patient's counselor at such treatment center to give testimony. Matter of Doe Children, N.Y.City Fam.Ct.1978, 402 N.Y.S.2d 958, 93 Misc.2d 479.

Confidentiality of patient records provisions of former section 4582 of this title and the regulations promulgated thereunder did not preclude use of patient records in child abuse proceedings to extent required by M.S.A. § 626.556. State v. Andring, Minn.1984, 342 N.W.2d 128.

In child neglect proceedings, parent's right to confidentiality as drug abuse patient must give way to best interests of child, and where drug treatment records were found to be "necessary and material" to state's proof of neglect, court of competent jurisdiction may authorize disclosure, and alleged drug or alcohol dependence of moth-

er which caused newborn baby's drug withdrawal symptoms and failure to thrive was sufficient "good cause," as required by this section and M.C.L.A. §§ 722.623, 722.631, to order production of treatment records. Matter of Baby X, Mich.App.1980, 293 N.W.2d 736, 97 Mich.App. 111.

20. Limitations on disclosure

County, which operated hospital where research on treatment of drug-dependent pregnant women was conducted, was entitled to writ of mandamus requiring district court to vacate its discovery order requiring hospital to permit attorneys for former director of research project to review unredacted patient records in director's qui tam action alleging that county fraudulently obtained grant funds for project from federal government; federal regulations protected confidentiality of federally-funded substance abuse programs, order did not provide for notice to patients, and director stated she had no need to review confidential materials. U.S. ex rel. Chandler v. Cook County, Ill., C.A.7 (Ill.) 2002, 277 F.3d 969.

Statute limiting disclosure of records of substance abuse programs does not create individual entitlements that can be enforced via §§ 1983, since the statute is a criminal prohibition and there is nothing in the text of the statute to indicate that Congress had in mind the creation of individual rights. Doe v. Broderick, C.A.4 (Va.) 2000, 225 F.3d 440.

Federal regulations limiting disclosure of hospital records relating to treatment for alcoholism were properly applied to limit disclosure of former patient's records to "objective data," and to exclude patient's statements made during treatment from actions to collect on policies insuring the life of patient. Whyte v. Connecticut Mut. Life Ins. Co., C.A.1 (Mass.) 1987, 818 F.2d 1005.

In employment discrimination action, employee who claimed that his alcohol problem was considered less favorably than other similarly situated employees because of his age and race was entitled to take coworker's deposition provided: (1) coworker's identity would not be revealed and this was done not pursuant to, but rather in the spirit of, statute providing that records of treatment of patient in substance abuse program are confidential and (2) coworker could be questioned about historical facts existing independently of records related to his substance abuse treatment or rehabilitation. Carr v. Allegheny Health, Educ., and Research Foundation, W.D.Pa.1996, 933 F.Supp. 485.

21. Notice

Under federal statutes regulating disclosure of records of treatment in connection with alcohol and drug abuse prevention, husband, in custody proceeding, could not secure grant of motion to compel wife to execute authorizations for release of records of wife's hospitalizations, allegedly for alcoholism and bulimia, without notice to the hospital which was the custodian of the records. Susan W. v. Ronald A., N.Y.Sup. 1990, 558 N.Y.S.2d 813, 147 Misc.2d 669.

District court should require names and last known addresses of patients at drug and alcohol treatment facility sought in interrogatory to be made available in camera to district court for purpose of court's giving appropriate notice of request for disclosure of names, addresses, and dates of treatment of patients as required by regulation, permit patients the opportunity to appear in person or file responsive statements, and give due consideration to any such statements in exercising its discretion as to the existence of good cause to release information to respondent, who brought suit against facility and counselor at facility alleging professional malpractice. Heartview Foundation v. Glaser, N.D.1985, 361 N.W.2d 232.

22. Private right of action

Statute limiting disclosure of records of substance abuse programs does not create individual entitlements that can be enforced via §§ 1983, since the statute is a criminal prohibition and there is nothing in the text of the statute to indicate that Congress had in mind the creation of individual rights. Doe v. Broderick, C.A.4 (Va.) 2000, 225 F.3d 440.

Criminal statute making records of participants in qualified substance-abuse programs confidential did not create private cause of action for damages; statute created rights in favor of society, not particular members of society. Chapa v. Adams, C.A.7 (Ill.) 1999, 168 F.3d 1036, certiorari denied 120 S.Ct. 104, 528 U.S. 839, 145 L.Ed.2d 88.

Because there was no indication that officials of the State Department of Mental Health and Mental Retardation had yet procured any confidential information from school in which plaintiff's daughter was enrolled, there was no cause of action for any violation of federal confidentiality provisions governing drug and alcohol treatment records if indeed such provisions created private cause of action. Pehrson v. Concannon, D.C.Me.1985, 607 F.Supp. 589.

Private damage action did not lie for alleged breach of confidentiality provisions of this section. Logan v. District of Columbia, D.C.D.C. 1978, 447 F.Supp. 1328.

§ 290dd–3. Omitted

HISTORICAL AND STATUTORY NOTES

Codifications

Section, Act July 1, 1944, c. 373, Title V, § 544, formerly Pub.L. 91–616, Title III, § 333, Dec. 31, 1970, 84 Stat. 1853, as amended Pub.L. 93–282, Title I, § 122(a), May 14, 1974, 88 Stat. 131; Pub.L. 94–581, Title I, § 111(c)(4), Oct. 21, 1976, 90 Stat. 2852; renumbered § 523 of Act July 1, 1944, Apr. 26, 1983, Pub.L. 98–24, § 2(b)(13), 97 Stat. 181; Aug. 27, 1986, Pub.L. 99–401, Title I, § 106(a), 100 Stat. 907; renumbered § 544, July 22, 1987, Pub.L. 100–77, Title VI, § 611(2), 101 Stat. 516; June 13, 1991, Pub.L. 102–54, § 13(q)(1)(A)(ii), 105 Stat. 278, prior to its omission in general amendment of this part by Pub.L. 102–321, Title I, § 131, July 10, 1992, 106 Stat. 366, related to confidentiality

of patient records. See, now, section 290dd–2 of this title.

Effective and Applicability Provisions

General revision of this part by section 131 of Pub.L. 102–321 effective Oct. 1, 1992, with programs making awards providing financial assistance prior to such date to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d)(2)(A) of Pub.L. 102–321, set out as a note under section 236 of this title.

§ 290ee. Omitted

HISTORICAL AND STATUTORY NOTES

Codifications

Section, Act July 1, 1944, c. 373, Title V, § 545, formerly Pub.L. 92–255, Title V, § 502, as added Pub.L. 94–237, § 12(b)(1), Mar. 19, 1976, 90 Stat. 247, and amended Pub.L. 95–461, § 5, Oct. 14, 1978, 92 Stat. 1269; Pub.L. 96–181, § 11, Jan. 2, 1980, 93 Stat. 1315; renumbered § 524 of Act July 1, 1944, and amended Apr. 26, 1983, Pub.L. 98–24, § 2(b)(15), 97 Stat. 181; renumbered § 545, July 22, 1987, Pub.L. 100–77, Title VI, § 611(2), 101 Stat. 516; Nov. 4, 1988, Pub.L. 100–607, Title VIII, § 813(3), 102 Stat. 3170; Nov. 7, 1988, Pub. L. 100–628, Title VI, § 613(3), 102 Stat. 3243; Aug. 16, 1989, Pub.L. 101–93, § 5(t)(1), 103 Stat. 615, prior to its omission in general amendment of this part by Pub.L. 102–321, Title I, § 131, July 10, 1992, 106 Stat. 366, related to technical assistance to State and local agencies by National Institute on Drug Abuse.

Effective and Applicability Provisions

General revision of this part by section 131 of Pub.L. 102–321 effective Oct. 1, 1992, with programs making awards providing financial assistance prior to such date to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d)(2)(A) of Pub.L. 102–321, set out as a note under section 236 of this title.

§ 290ee–1. Omitted

HISTORICAL AND STATUTORY NOTES

Codifications

Section, Act July 1, 1944, c. 373, Title V, § 546, formerly Pub.L. 92–255, Title IV, § 413, Mar. 21, 1972, 86 Stat. 84, as amended Pub.L. 96–181, § 8(a), (b)(1), Jan. 2, 1980, 93 Stat. 1313, 1314; Pub.L. 97–35, Title IX, § 973(e), Aug. 13, 1981, 95 Stat. 598; renumbered § 525 of Act July 1, 1944, and amended Apr. 26, 1983, Pub.L. 98–24, § 2(b)(16)(A), 97 Stat. 182; Oct. 27, 1986, Pub.L. 99–570, Title VI, § 6002(b)(2), 100 Stat. 3207–159; renumbered § 546, July 22, 1987, Pub.L. 100–77, Title VI, § 611(2), 101 Stat. 516; Nov. 4, 1988, Pub.L. 100–607, Title VIII, § 813(4), 102 Stat. 3171; Nov. 7, 1988, Pub.L. 100–628, Title VI, § 613(4), 102 Stat. 3243; Aug. 16, 1989, Pub.L. 101–93, § 5(t)(1), 103 Stat. 615, prior to its omission in general amendment of this part by Pub.L. 102–321, Title I, § 131, July 10 1992, 106 Stat. 366, related to drug abuse among government and other employees. See, now, section 290dd of this title.

Effective and Applicability Provisions

General revision of this part by section 131 of Pub.L. 102–321 effective Oct. 1, 1992, with programs making awards providing financial assistance prior to such date to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d)(2)(A) of Pub.L. 102–321, set out as a note under section 236 of this title.

NOTES OF DECISIONS

1. Continued or current use

Schaefer v. Department of Justice, M.S.P.B. 1984, 25 M.S.P.R. 277, [main volume] on reconsideration 28 M.S.P.R. 566.

2. Sensitive position

Schaefer v. Department of Justice, M.S.P.B. 1984, 25 M.S.P.R. 277, [main volume] on reconsideration 28 M.S.P.R. 566.

3. Drug testing

American Federation of Government Employees, AFL-CIO v. Dole, D.D.C.1987, 670 F.Supp. 445, [main volume] affirmed 885 F.2d 884, 280 U.S.App.D.C. 262, certiorari denied 110 S.Ct. 1960, 495 U.S. 923, 109 L.Ed.2d 321.

§ 290ee–2. Omitted

HISTORICAL AND STATUTORY NOTES

Codifications

Section, Act July 1, 1944, c. 373, Title V, § 547, formerly Pub.L. 92–255, Title IV, § 407, Mar. 21, 1972, 86 Stat. 78, as amended Pub.L. 94–237, § 6(a), Mar. 19, 1976, 90 Stat. 244; Pub.L. 94–581, Title I, § 111(c)(2), Oct. 21, 1976, 90 Stat. 2852; renumbered § 526 of Act July 1, 1944, Apr. 26, 1983, Pub.L. 98–24, § 2(b)(16)(B), 97 Stat. 182; renumbered § 547, July 22, 1987, Pub.L. 100–77, Title VI, § 611(2), 101 Stat. 516, prior to its omission in general amendment of this part by Pub.L. 102–321, Title I, § 131, July 10, 1992, 106 Stat. 366, related to admission of drug abusers to public and private hospitals. See, now, section 290dd–1 of this title.

Effective and Applicability Provisions

General revision of this part by section 131 of Pub.L. 102–321 effective Oct. 1, 1992, with programs making awards providing financial assistance prior to such date to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d)(2)(A) of Pub.L. 102–321, set out as a note under section 236 of this title.

§ 290ee–3. Omitted

HISTORICAL AND STATUTORY NOTES

Codifications

Section, Act July 1, 1944, c. 373, Title V, § 548, formerly Pub.L. 92–255, Title IV, § 408, Mar. 21, 1972, 86 Stat. 79, as amended Pub.L. 93–282, Title III, § 303(a), (b), May 14, 1974, 88 Stat. 137, 138; Pub.L. 94–237, § 4(c)(5)(A), Mar. 19, 1976, 90 Stat. 244; Pub.L. 94–581, Title I, § 111(c)(3), Oct. 21, 1976, 90 Stat. 2852; Pub.L. 97–35, Title IX, § 973(d), Aug. 13, 1981, 95 Stat. 598; renumbered § 527 of Act July 1, 1944, and amended Apr. 26, 1983, Pub.L. 98–24, § 2(b)(16)(B), 97 Stat. 182; Aug. 27, 1986, Pub.L. 99–401, Title I, § 106(b), 100 Stat. 907; renumbered § 548, July 22, 1987, Pub.L. 100–77, Title VI, § 611(2), 101 Stat. 516; June 13, 1991, Pub.L. 102–54, § 13(q)(1)(A)(iii), (B)(ii), 105 Stat. 278, prior to its omission in general amendment of this part by Pub.L. 102–321, Title I, § 131, July 10, 1992, 106 Stat. 366, related to confidentiality of patient records. See, now, section 290dd–2 of this title.

Effective and Applicability Provisions

General revision of this part by section 131 of Pub.L. 102–321 effective Oct. 1, 1992, with programs making awards providing financial assistance prior to such date to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d)(2)(A) of Pub.L. 102–321, set out as a note under section 236 of this title.

PART E—CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES

HISTORICAL AND STATUTORY NOTES

Codifications

Pub.L. 102–321, Title I, § 119, July 10, 1992, 106 Stat. 349, added part heading "Children With Serious Emotional Disturbances". The prior part heading, "Alternative Utilization of Military Facilities", was deleted by Pub.L. 102–321, Title I, § 112(b)(2), July 10, 1992, 106 Stat. 345.

§ 290ff. Comprehensive community mental health services for children with serious emotional disturbances

(a) Grants to certain public entities

(1) In general

The Secretary, acting through the Director of the Center for Mental Health Services, shall make grants to public entities for the purpose of providing comprehensive community mental health services to children with a serious emotional disturbance.

(2) Definition of public entity

For purposes of this part, the term "public entity" means any State, any political subdivision of a State, and any Indian tribe or tribal organization (as defined in section 450b(e) and section 450b(*l*) of Title 25).

(b) Considerations in making grants

(1) Requirement of status as grantee under part B of subchapter XVII of this chapter

The Secretary may make a grant under subsection (a) of this section to a public entity only if—

(A) in the case of a public entity that is a State, the State is a grantee under section 300x of this title;

(B) in the case of a public entity that is a political subdivision of a State, the State in which the political subdivision is located is such a grantee; and

(C) in the case of a public entity that is an Indian tribe or tribal organization, the State in which the tribe or tribal organization is located is such a grantee.

(2) Requirement of status as medicaid provider

(A) Subject to subparagraph (B), the Secretary may make a grant under subsection (a) of this section only if, in the case of any service under such subsection that is covered in the State plan approved under subchapter XIX of chapter 7 of this title [42 U.S.C.A. § 1396 et seq.] for the State involved—

(i) the public entity involved will provide the service directly, and the entity has entered into a participation agreement under the State plan and is qualified to receive payments under such plan; or

(ii) the public entity will enter into an agreement with an organization under which the organization will provide the service, and the organization has entered into such a participation agreement and is qualified to receive such payments.

(B)(i) In the case of an organization making an agreement under subparagraph (A)(ii) regarding the provision of services under subsection (a) of this section, the requirement established in such subparagraph regarding a participation agreement shall be waived by the Secretary if the organization does not, in providing health or mental health services, impose a charge or accept reimbursement available from any third-party payor, including reimbursement under any insurance policy or under any Federal or State health benefits program.

(ii) A determination by the Secretary of whether an organization referred to in clause (i) meets the criteria for a waiver under such clause shall be made without regard to whether the organization accepts voluntary donations regarding the provision of services to the public.

(3) Certain considerations

In making grants under subsection (a) of this section, the Secretary shall—

(A) equitably allocate such assistance among the principal geographic regions of the United States;

(B) consider the extent to which the public entity involved has a need for the grant; and

(C) in the case of any public entity that is a political subdivision of a State or that is an Indian tribe or tribal organization—

(i) shall consider any comments regarding the application of the entity for such a grant that are received by the Secretary from the State in which the entity is located; and

(ii) shall give special consideration to the entity if the State agrees to provide a portion of the non-Federal contributions required in subsection (c) of this section regarding such a grant.

(c) Matching funds

(1) In general

A funding agreement for a grant under subsection (a) of this section is that the public entity involved will, with respect to the costs to be incurred by the entity in carrying out the purpose described in such subsection, make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that—

(A) for the first fiscal year for which the entity receives payments from a grant under such subsection, is not less than $1 for each $3 of Federal funds provided in the grant;

(B) for any second or third such fiscal year, is not less than $1 for each $3 of Federal funds provided in the grant;

(C) for any fourth such fiscal year, is not less than $1 for each $1 of Federal funds provided in the grant; and

(D) for any fifth and sixth such fiscal year, is not less than $2 for each $1 of Federal funds provided in the grant.

(2) Determination of amount contributed

(A) Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant

extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

(B) In making a determination of the amount of non-Federal contributions for purposes of subparagraph (A), the Secretary may include only non-Federal contributions in excess of the average amount of non-Federal contributions made by the public entity involved toward the purpose described in subsection (a) of this section for the 2-year period preceding the first fiscal year for which the entity receives a grant under such section.

(July 1, 1944, c. 373, Title V, § 561, as added July 10, 1992, Pub.L. 102-321, Title I, § 119, 106 Stat. 349, and amended June 10, 1993, Pub.L. 103-43, Title XX, § 2017(1), 107 Stat. 218; Oct. 17, 2000, Pub.L. 106-310, Div. B, Title XXXI, § 3105(a), 114 Stat. 1175.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102-131 and House Conference Report No. 102-546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

1993 Acts. Senate Report No. 103-2 and House Conference Report No. 103-100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

References in Text

Reference in subsec. (a)(2) of the original to "section 4(b) and section 4(c) of the Indian Self-Determination and Education Assistance Act" as the source of definitions for "Indian tribe" and "tribal organization" was translated as "section 450b(e) and section 450b(*l*) of Title 25" rather than "section 450b(b) and section 450b(c) of Title 25" as the probable intent of Congress since the definitions of "Indian tribe" and "tribal organization", formerly set out in subsecs. (b) and (c) of section 4 of the Act [25 U.S.C.A. § 450b], were moved to subsecs. (e) and (*l*) of such section in 1988 by Pub.L. 100-472.

Codifications

Former section 290ff, relating to action by National Institute on Drug Abuse and States concerning military facilities, was transferred to section 290bb-6 of this title by section 112(a) of Pub.L. 102-321. See Prior Provisions note set out under this section.

Amendments

2000 Amendments. Subsec. (c)(1)(D). Pub.L. 106-310, § 3105(a), substituted "for any fifth and sixth such fiscal year" for "for any fifth such fiscal year".

1993 Amendments. Subsec. (a)(2). Pub.L. 103-43, § 2017(1)(A), substituted "this part" for "this subpart".

Subsec. (b)(1). Pub.L. 103-43, § 2017(1)(B), substituted "is such a grantee" for "is receiving such payments" wherever appearing.

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103-43 effective June 10, 1993, see section 2101 of Pub.L. 103-43, set out as a note under section 201 of this title.

1992 Acts. Section effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal year 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d) of Pub.L. 102-321, set out as a note under section 236 of this title.

Prior Provisions

A prior section 561 of Act July 1, 1944, as added Nov. 18, 1988, Pub.L. 100-690, Title II, § 2081(a), 102 Stat. 4216 and classified to this section, which related to action by National Institute on Drug Abuse and States concerning military facilities, was renumbered section 513 of Act July 1, 1944, transferred to section 290bb-6 of this title, and amended by Pub.L. 102-321, Title I, § 112(a), (b)(1), July 10, 1992, 106 Stat. 344, 345.

Current Grantees

Pub.L. 106-310, Div. B, Title XXXI, § 3105(e), Oct. 17, 2000, 114 Stat. 1175, provided that:

"(1) **In general.**—Entities with active grants under section 561 of the Public Health Service Act (42 U.S.C. 290ff) on the date of the enactment of this Act [Oct. 17, 2000] shall be eligible to receive a sixth year of funding under the grant in an amount not to exceed the amount that such grantee received in the fifth year of funding under such grant. Such sixth year may be funded without requiring peer and Advisory Council review as required under section 504 of such Act (42 U.S.C. 290aa-3).

"(2) **Limitation.**—Paragraph (1) shall apply with respect to a grantee only if the grantee agrees to comply with the provisions of section 561 [this section] as amended by subsection (a)."

LIBRARY REFERENCES

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Social Security and Public Welfare ⟹4.5.
Key Number System Topic No. 356A.

Encyclopedias

Social Security and Public Welfare, see C.J.S. § 10.

WESTLAW ELECTRONIC RESEARCH

See WESTLAW guide following the Explanation pages of this volume.

§ 290ff–1. Requirements with respect to carrying out purpose of grants

(a) Systems of comprehensive care

(1) In general

A funding agreement for a grant under section 290ff(a) of this title is that, with respect to children with a serious emotional disturbance, the public entity involved will carry out the purpose described in such section only through establishing and operating 1 or more systems of care for making each of the mental health services specified in subsection (c) of this section available to each child provided access to the system. In providing for such a system, the public entity may make grants to, and enter into contracts with, public and nonprofit private entities.

(2) Structure of system

A funding agreement for a grant under section 290ff(a)of this title is that a system of care under paragraph (1) will—

(A) be established in a community selected by the public entity involved;

(B) consist of such public agencies and nonprofit private entities in the community as are necessary to ensure that each of the services specified in subsection (c) of this section is available to each child provided access to the system;

(C) be established pursuant to agreements that the public entity enters into with the agencies and entities described in subparagraph (B);

(D) coordinate the provision of the services of the system; and

(E) establish an office whose functions are to serve as the location through which children are provided access to the system, to coordinate the provision of services of the system, and to provide information to the public regarding the system.

(3) Collaboration of local public entities

A funding agreement for a grant under section 290ff(a) of this title is that, for purposes of the establishment and operation of a system of care under paragraph (1), the public entity involved will seek collaboration among all public agencies that provide human services in the community in which the system is established, including but not limited to those providing mental health services, educational services, child welfare services, or juvenile justice services.

(b) Limitation on age of children provided access to system

A funding agreement for a grant under section 290ff(a) of this title is that a system of care under subsection (a) of this section will not provide an individual with access to the system if the individual is more than 21 years of age.

(c) Required mental health services of system

A funding agreement for a grant under section 290ff(a) of this title is that mental health services provided by a system of care under subsection (a) of this section will include, with respect to a serious emotional disturbance in a child—

(1) diagnostic and evaluation services;

(2) outpatient services provided in a clinic, office, school or other appropriate location, including individual, group and family counseling services, professional consultation, and review and management of medications;

(3) emergency services, available 24–hours a day, 7 days a week;

(4) intensive home-based services for children and their families when the child is at imminent risk of out-of-home placement;

(5) intensive day-treatment services;

(6) respite care;

(7) therapeutic foster care services, and services in therapeutic foster family homes or individual therapeutic residential homes, and groups homes caring for not more than 10 children; and

(8) assisting the child in making the transition from the services received as a child to the services to be received as an adult.

(d) Required arrangements regarding other appropriate services

(1) In general

A funding agreement for a grant under section 290ff(a) of this title is that—

(A) a system of care under subsection (a) of this title will enter into a memorandum of understanding with each of the providers specified in paragraph (2) in order to facilitate the availability of the services of the provider involved to each child provided access to the system; and

(B) the grant under such section 290ff(a) of this title, and the non-Federal contributions made with respect to the grant, will not be expended to pay the costs of providing such non-mental health services to any individual.

(2) Specification of non–mental health services

The providers referred to in paragraph (1) are providers of medical services other than mental health services, providers of educational services, providers of vocational counseling and vocational rehabilitation services, and providers of protection and advocacy services with respect to mental health.

(3) Facilitation of services of certain programs

A funding agreement for a grant under section 290ff(a) of this title is that a system of care under subsection (a) of this section will, for purposes of paragraph (1), enter into a memorandum of understanding regarding facilitation of—

(A) services available pursuant to title XIX of the Social Security Act [42 U.S.C.A. § 1396 et seq.] including services regarding early periodic screening, diagnosis, and treatment;

(B) services available under parts B and H of the Individuals with Disabilities Education Act [20 U.S.C.A. §§ 1411 et seq. and 1471 et seq.]; and

(C) services available under other appropriate programs, as identified by the Secretary.

(e) General provisions regarding services of system

(1) Case management services

A funding agreement for a grant under section 290ff(a) of this title is that a system of care under subsection (a) of this section will provide for the case management of each child provided access to the system in order to ensure that—

(A) the services provided through the system to the child are coordinated and that the need of each such child for the services is periodically reassessed;

(B) information is provided to the family of the child on the extent of progress being made toward the objectives established for the child under the plan of services implemented for the child pursuant to section 290ff–2 of this title; and

(C) the system provides assistance with respect to—

(i) establishing the eligibility of the child, and the family of the child, for financial assistance and services under Federal, State, or local programs providing for health services, mental health services, educational services, social services, or other services; and

(ii) seeking to ensure that the child receives appropriate services available under such programs.

(2) Other provisions

A funding agreement for a grant under section 290ff(a) of this title is that a system of care under subsection (a) of this section, in providing the services of the system, will—

(A) provide the services of the system in the cultural context that is most appropriate for the child and family involved;

(B) ensure that individuals providing such services to the child can effectively communicate with the child and family in the most direct manner;

(C) provide the services without discriminating against the child or the family of the child on the basis of race, religion, national origin, sex, disability, or age;

(D) seek to ensure that each child provided access to the system of care remains in the least restrictive, most normative environment that is clinically appropriate; and

(E) provide outreach services to inform individuals, as appropriate, of the services available from the system, including identifying children with a serious emotional disturbance who are in the early stages of such disturbance.

(3) **Rule of construction**

An agreement made under paragraph (2) may not be construed—

(A) with respect to subparagraph (C) of such paragraph—

(i) to prohibit a system of care under subsection (a) of this section of this section from requiring that, in housing provided by the grantee for purposes of residential treatment services authorized under subsection (c) of this section, males and females be segregated to the extent appropriate in the treatment of the children involved; or

(ii) to prohibit the system of care from complying with the agreement made under subsection (b) of this section; or

(B) with respect to subparagraph (D) of such paragraph, to authorize the system of care to expend the grant under section 290ff(a) of this title (or the non-Federal contributions made with respect to the grant) to provide legal services or any service with respect to which expenditures regarding the grant are prohibited under subsection (d)(1)(B) of this section.

(f) Restrictions on use of grant

A funding agreement for a grant under section 290ff(a) of this title is that the grant, and the non-Federal contributions made with respect to the grant, will not be expended—

(1) to purchase or improve real property (including the construction or renovation of facilities);

(2) to provide for room and board in residential programs serving 10 or fewer children;

(3) to provide for room and board or other services or expenditures associated with care of children in residential treatment centers serving more than 10 children or in inpatient hospital settings, except intensive home-based services and other services provided on an ambulatory or outpatient basis; or

(4) to provide for the training of any individual, except training authorized in section 290ff–3(a)(2) of this title and training provided through any appropriate course in continuing education whose duration does not exceed 2 days.

(g) Waivers

The Secretary may waive one or more of the requirements of subsection (c) for a public entity that is an Indian Tribe or tribal organization, or American Samoa, Guam, the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, or the United States Virgin Islands if the Secretary determines, after peer review, that the system of care is family-centered and uses the least restrictive environment that is clinically appropriate.

(July 1, 1944, c. 373, Title V, § 562, as added July 10, 1992, Pub.L. 102–321, Title I, § 119, 106 Stat. 351, and amended Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXI, § 3105(b), 114 Stat. 1175.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

References in Text

The Social Security Act, referred to in subsec. (d)(3)(A), is Act Aug. 14, 1935, c. 531, 49 Stat. 620, as amended. Title XIX of such Act is classified principally to subchapter XIX (§ 1396 et seq.) of chapter 7 of this title. For complete classification of this Act to the Code, see section 1305 of this title and Tables.

The Individuals with Disabilities Education Act, referred to in subsec. (d)(3)(B), is Title VI of Pub.L. 91–230, Apr. 13, 1970, 84 Stat. 175, as

amended. Parts B and H of such Act are classified principally to subchapters II (§ 1411 et seq.) and VIII (§ 1471 et seq.), respectively, of chapter 33 of Title 20, Education. For complete classification of this Act to the Code, see section 1400 of Title 20 and Tables.

Amendments

2000 Amendments. Subsec. (g). Pub.L. 106–310, § 3105(b), added subsec. (g).

Effective and Applicability Provisions

1992 Acts. Section effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal year 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of this title.

§ 290ff–2. Individualized plan for services

(a) In general

A funding agreement for a grant under section 290ff(a) of this title is that a system of care under section 290ff–1(a) of this title will develop and carry out an individualized plan of services for each child provided access to the system, and that the plan will be developed and carried out with the participation of the family of the child and, unless clinically inappropriate, with the participation of the child.

(b) Multidisciplinary team

A funding agreement for a grant under section 290ff(a) of this title is that the plan required in subsection (a) of this section will be developed, and reviewed and as appropriate revised not less than once each year, by a multidisciplinary team of appropriately qualified individuals who provide services through the system, including as appropriate mental health services, other health services, educational services, social services, and vocational counseling and rehabilitation;

(c) Coordination with services under individuals with disabilities education act

A funding agreement for a grant under section 290ff(a) of this title is that, with respect to a plan under subsection (a) of this section for a child, the multidisciplinary team required in subsection (b) of this section will—

(1) in developing, carrying out, reviewing, and revising the plan consider any individualized education program in effect for the child pursuant to part B of the Individuals with Disabilities Education Act [20 U.S.C.A. § 1411 et seq.];

(2) ensure that the plan is consistent with such individualized education program and provides for coordinating services under the plan with services under such program; and

(3) ensure that the memorandum of understanding entered into under section 290ff–1(d)(3)(B) of this title regarding such Act [20 U.S.C.A. § 1400 et seq.] includes provisions regarding compliance with this subsection.

(d) Contents of plan

A funding agreement for a grant under section 290ff(a) of this title is that the plan required in subsection (a) of this section for a child will—

(1) identify and state the needs of the child for the services available pursuant to section 290ff–1 of this title through the system;

(2) provide for each of such services that is appropriate to the circumstances of the child, including, except in the case of children who are less than 14 years of age, the provision of appropriate vocational counseling and rehabilitation, and transition services (as defined in section 602(a)(19) of the Individuals with Disabilities Education Act [20 U.S.C.A. § 1401(a)(19)]);

(3) establish objectives to be achieved regarding the needs of the child and the methodology for achieving the objectives; and

(4) designate an individual to be responsible for providing the case management required in section 290ff–1(e)(1) of this title or certify that case management services will be provided to the child as part of the individualized education program of the child under the Individuals with Disabilities Education Act [20 U.S.C.A. § 1400 et seq.].

(July 1, 1944, c. 373, Title V, § 563, as added July 10, 1992, Pub.L. 102–321, Title I, § 119, 106 Stat. 354.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

References in Text

The Individuals with Disabilities Education Act and such Act, referred to in subsecs. (c) and (d)(4), is Title VI of Pub.L. 91–230, Apr. 13, 1970, 84 Stat. 175, as amended, which is classified generally to chapter 33 (section 1400 et seq.) of Title 20, Education. Part B of the Act is classified generally to subchapter II (section 1411 et seq.) of chapter 33 of Title 20. For complete classification of this Act to the Code, see section 1400 of Title 20 and Tables.

Effective and Applicability Provisions

1992 Acts. Section effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal year 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of this title.

§ 290ff–3. Additional provisions

(a) Optional services

In addition to services described in subsection (c) of section 290ff–1 of this title, a system of care under subsection (a) of such section may, in expending a grant under section 290ff(a) of this title, provide for—

(1) preliminary assessments to determine whether a child should be provided access to the system;

(2) training in—

(A) the administration of the system;

(B) the provision of intensive home-based services under paragraph (4) of section 290ff–1(c) of this title, intensive day treatment under paragraph (5) of such section, and foster care or group homes under paragraph (7) of such section; and

(C) the development of individualized plans for purposes of section 290ff–2 of this title;

(3) recreational activities for children provided access to the system; and

(4) such other services as may be appropriate in providing for the comprehensive needs with respect to mental health of children with a serious emotional disturbance.

(b) Comprehensive plan

The Secretary may make a grant under section 290ff(a) of this title only if, with respect to the jurisdiction of the public entity involved, the entity has submitted to the Secretary, and has had approved by the Secretary, a plan for the development of a jurisdiction-wide system of care for community-based services for children with a serious emotional disturbance that specifies the progress the public entity has made in developing the jurisdiction-wide system, the extent of cooperation across agencies serving children in the establishment of the system, the Federal and non-Federal resources currently committed to the establishment of the system, and the current gaps in community services and the manner in which the grant under section 290ff(a) of this title will be expended to address such gaps and establish local systems of care.

(c) Limitation on imposition of fees for services

A funding agreement for a grant under section 290ff(a) of this title is that, if a charge is imposed for the provision of services under the grant, such charge—

(1) will be made according to a schedule of charges that is made available to the public;

(2) will be adjusted to reflect the income of the family of the child involved; and

(3) will not be imposed on any child whose family has income and resources of equal to or less than 100 percent of the official poverty line, as established by the Director of the Office of Management and Budget and revised by the Secretary in accordance with section 9902(2) of this title.

(d) Relationship to items and services under other programs

A funding agreement for a grant under section 290ff(a) of this title is that the grant, and the non-Federal contributions made with respect to the grant, will not be expended to make payment for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to such item or service—

(1) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or

(2) by an entity that provides health services on a prepaid basis.

(e) Limitation on administrative expenses

A funding agreement for a grant under section 290ff(a) of this title is that not more than 2 percent of the grant will be expended for administrative expenses incurred with respect to the grant by the public entity involved.

(f) Reports to secretary

A funding agreement for a grant under section 290ff(a) of this title is that the public entity involved will annually submit to the Secretary a report on the activities of the entity under the grant that includes a description of the number of children provided access to systems of care operated pursuant to the grant, the demographic characteristics of the children, the types and costs of services provided pursuant to the grant, the availability and use of third-party reimbursements, estimates of the unmet need for such services in the jurisdiction of the entity, and the manner in which the grant has been expended toward the establishment of a jurisdiction-wide system of care for children with a serious emotional disturbance, and such other information as the Secretary may require with respect to the grant.

(g) Description of intended uses of grant

The Secretary may make a grant under section 290ff(a) of this title only if—

(1) the public entity involved submits to the Secretary a description of the purposes for which the entity intends to expend the grant;

(2) the description identifies the populations, areas, and localities in the jurisdiction of the entity with a need for services under this section; and

(3) the description provides information relating to the services and activities to be provided, including a description of the manner in which the services and activities will be coordinated with any similar services or activities of public or nonprofit entities.

(h) Requirement of application

The Secretary may make a grant under section 290ff(a) of this title only if an application for the grant is submitted to the Secretary, the application contains the description of intended uses required in subsection (g) of this section, and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

(July 1, 1944, c. 373, Title V, § 564, as added July 10, 1944, Pub.L. 102–321, Title I, § 119, 106 Stat. 355.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

Effective and Applicability Provisions

1992 Acts. Section effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal year 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of this title.

§ 290ff–4. General provisions

(a) Duration of support

The period during which payments are made to a public entity from a grant under section 290ff(a) of this title may not exceed 6 fiscal years.

(b) Technical assistance

(1) In general

The Secretary shall, upon the request of a public entity receiving a grant under section 290ff(a) of this title—

(A) provide technical assistance to the entity regarding the process of submitting to the Secretary applications for grants under section 290ff(a) of this title; and

(B) provide to the entity training and technical assistance with respect to the planning, development, and operation of systems of care pursuant to section 290ff–1 of this title.

(2) Authority for grants and contracts

The Secretary may provide technical assistance under subsection (a) of this section directly or through grants to, or contracts with, public and nonprofit private entities.

(c) Evaluations and reports by Secretary

(1) In general

The Secretary shall, directly or through contracts with public or private entities, provide for annual evaluations of programs carried out pursuant to section 290ff(a) of this title. The evaluations shall assess the effectiveness of the systems of care operated pursuant to such section, including longitudinal studies of outcomes of services provided by such systems, other studies regarding such outcomes, the effect of activities under this part on the utilization of hospital and other institutional settings, the barriers to and achievements resulting from interagency collaboration in providing community-based services to children with a serious emotional disturbance, and assessments by parents of the effectiveness of the systems of care.

(2) Report to Congress

The Secretary shall, not later than 1 year after the date on which amounts are first appropriated under subsection (c) of this section, and annually thereafter, submit to the Congress a report summarizing evaluations carried out pursuant to paragraph (1) during the preceding fiscal year and making such recommendations for administrative and legislative initiatives with respect to this section as the Secretary determines to be appropriate.

(d) Definitions

For purposes of this part:

(1) The term "child" means an individual not more than 21 years of age.

(2) The term "family", with respect to a child provided access to a system of care under section 290ff–1(a) of this title, means—

(A) the legal guardian of the child; and

(B) as appropriate regarding mental health services for the child, the parents of the child (biological or adoptive, as the case may be) and any foster parents of the child.

(3) The term "funding agreement", with respect to a grant under section 290ff(a) of this title, to a public entity, means that the Secretary may make such a grant only if the public entity makes the agreement involved.

(4) The term "serious emotional disturbance" includes, with respect to a child, any child who has a serious emotional disorder, a serious behavioral disorder, or a serious mental disorder.

(e) Rule of construction

Nothing in this part shall be construed as limiting the rights of a child with a serious emotional disturbance under the Individuals with Disabilities Education Act [20 U.S.C.A. § 1400 et seq.].

(f) Funding

(1) Authorization of appropriations

For the purpose of carrying out this part, there are authorized to be appropriated $100,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003.

(2) Limitation regarding technical assistance

Not more than 10 percent of the amounts appropriated under paragraph (1) for a fiscal year may be expended for carrying out subsection (b) of this section.

(July 1, 1944, c. 373, Title V, § 565, as added July 10, 1992, Pub.L. 102–321, Title I, § 119, 106 Stat. 356, and amended June 10, 1993, Pub.L. 103–43, Title XX, § 2017(2), 107 Stat. 218; Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXI, § 3105(c), (d), 114 Stat. 1175.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. Senate Report No. 102–131 and House Conference Report No. 102–546, see 1992 U.S. Code Cong. and Adm. News, p. 277.

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

References in Text

The Individuals with Disabilities Education Act, referred to in subsec. (e), is Title VI of Pub.L. 91–230, Apr. 13, 1970, 84 Stat. 175, as amended, which is classified principally to chapter 33 (§ 1400 et seq.) of Title 20, Education. For complete classification of this Act to the Code, see section 1400 of Title 20 and Tables.

Amendments

2000 Amendments. Subsec. (a). Pub.L. 106–310, § 3105(c), substituted "6 fiscal years" for "5 fiscal years".

Subsec. (f)(1). Pub.L. 106–310, § 3105(d), substituted "fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003" for "fiscal year 1993, and such sums as may be necessary for fiscal year 1994".

1993 Amendments. Subsec. (c)(1). Pub.L. 103–43, § 2017(2)(A), substituted "this part" for "this subpart".

Subsec. (d). Pub.L. 103–43, § 2017(2)(B), substituted "this part" for "this subpart".

Subsec. (f)(1). Pub.L. 103–43, § 2017(2)(C)(i), substituted "this part" for "this subpart".

Subsec. (f)(2). Pub.L. 103–43, § 2017(2)(C)(ii), substituted provision setting aside not more than 10% of appropriated amounts for technical assistance, for provision setting aside not less than $3,000,000 for such assistance.

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

1992 Acts. Section effective Oct. 1, 1992, with programs making awards providing financial assistance in fiscal year 1993 and subsequent years effective on such date, and programs making awards providing assistance in fiscal years prior to 1993 to continue to be subject to terms and conditions upon which such awards were made, see section 801(c), (d) of Pub.L. 102–321, set out as a note under section 236 of this title.

PART F—MODEL COMPREHENSIVE PROGRAM FOR TREATMENT OF SUBSTANCE ABUSE

§ 290gg. Repealed. Pub.L. 106–310, Div. B, Title XXXIII, § 3301(c)(4), Oct. 17, 2000, 114 Stat. 1209

HISTORICAL AND STATUTORY NOTES

Section, July 1, 1944, c. 373, Title V, § 571, as added July 10, 1992, Pub.L. 102–321, Title III, § 301, 106 Stat. 417, related to demonstration program in national capital area.

PART G—PROJECTS FOR CHILDREN AND VIOLENCE

For another Part G as added by Pub. L. 106–554, § 1(a)(7) [Title I, § 144], see Part G "Services Provided Through Religious Organizations", consisting of §§ 290kk to 290kk–3 of this title, post

§ 290hh. Children and violence

(a) In general

The Secretary, in consultation with the Secretary of Education and the Attorney General, shall carry out directly or through grants, contracts or cooperative agreements

with public entities a program to assist local communities in developing ways to assist children in dealing with violence.

(b) Activities

Under the program under subsection (a), the Secretary may—

(1) provide financial support to enable local communities to implement programs to foster the health and development of children;

(2) provide technical assistance to local communities with respect to the development of programs described in paragraph (1);

(3) provide assistance to local communities in the development of policies to address violence when and if it occurs;

(4) assist in the creation of community partnerships among law enforcement, education systems and mental health and substance abuse service systems; and

(5) establish mechanisms for children and adolescents to report incidents of violence or plans by other children or adolescents to commit violence.

(c) Requirements

An application for a grant, contract or cooperative agreement under subsection (a) shall demonstrate that—

(1) the applicant will use amounts received to create a partnership described in subsection (b)(4) to address issues of violence in schools;

(2) the activities carried out by the applicant will provide a comprehensive method for addressing violence, that will include—

(A) security;

(B) educational reform;

(C) the review and updating of school policies;

(D) alcohol and drug abuse prevention and early intervention services;

(E) mental health prevention and treatment services; and

(F) early childhood development and psychosocial services; and

(3) the applicant will use amounts received only for the services described in subparagraphs (D), (E), and (F) of paragraph (2).

(d) Geographical distribution

The Secretary shall ensure that grants, contracts or cooperative agreements under subsection (a) will be distributed equitably among the regions of the country and among urban and rural areas.

(e) Duration of awards

With respect to a grant, contract or cooperative agreement under subsection (a), the period during which payments under such an award will be made to the recipient may not exceed 5 years.

(f) Evaluation

The Secretary shall conduct an evaluation of each project carried out under this section and shall disseminate the results of such evaluations to appropriate public and private entities.

(g) Information and education

The Secretary shall establish comprehensive information and education programs to disseminate the findings of the knowledge development and application under this section to the general public and to health care professionals.

(h) Authorization of appropriations

There is authorized to be appropriated to carry out this section, $100,000,000 for fiscal year 2001, and such sums as may be necessary for each of fiscal years 2002 and 2003.

(July 1, 1944, c. 373, Title V, § 581, as added Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXI, § 3101, 114 Stat. 1168.)

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United States ⟹32, 41, 82(2), 85.
Key Number System Topic No. 393.

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Infants, see C.J.S. §§ 5 to 6, 10, 32, 41, 43 to 44, 92 to 93, 95 to 98.
United States, see C.J.S. §§ 32, 41, 122 to 123.

§ 290hh-1. Grants to address the problems of persons who experience violence related stress

(a) In general

The Secretary shall award grants, contracts or cooperative agreements to public and nonprofit private entities, as well as to Indian tribes and tribal organizations, for the purpose of developing programs focusing on the behavioral and biological aspects of psychological trauma response and for developing knowledge with regard to evidence-based practices for treating psychiatric disorders of children and youth resulting from witnessing or experiencing a traumatic event.

(b) Priorities

In awarding grants, contracts or cooperative agreements under subsection (a) related to the development of knowledge on evidence-based practices for treating disorders associated with psychological trauma, the Secretary shall give priority to mental health agencies and programs that have established clinical and basic research experience in the field of trauma-related mental disorders.

(c) Geographical distribution

The Secretary shall ensure that grants, contracts or cooperative agreements under subsection (a) with respect to centers of excellence are distributed equitably among the regions of the country and among urban and rural areas.

(d) Evaluation

The Secretary, as part of the application process, shall require that each applicant for a grant, contract or cooperative agreement under subsection (a) submit a plan for the rigorous evaluation of the activities funded under the grant, contract or agreement, including both process and outcomes evaluation, and the submission of an evaluation at the end of the project period.

(e) Duration of awards

With respect to a grant, contract or cooperative agreement under subsection (a), the period during which payments under such an award will be made to the recipient may not exceed 5 years. Such grants, contracts or agreements may be renewed.

(f) Authorization of appropriations

There is authorized to be appropriated to carry out this section, $50,000,000 for fiscal year 2001, and such sums as may be necessary for each of fiscal years 2002 and 2003.

(g) Short title

This section may be cited as the "Donald J. Cohen National Child Traumatic Stress Initiative".

(July 1, 1944, c. 373, Title V, § 582, as added Oct. 17, 2000, Pub.L. 106-310, Div. B, Title XXXI, § 3101, 114 Stat. 1169; Jan. 10, 2002, Pub.L. 107-116, Title II, § 218, 115 Stat. 2201.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

2002 Acts. House Conference Report No. 107-342 and Statement by President, see 2001 U.S. Code Cong. and Adm. News, p. 1690.

Codifications

Another section 582 of the Public Health Service Act was added by Pub.L. 106-554, § 1(a)(7) [Title I, § 144J, Dec. 21, 2000, 114 Stat. 2763, 2763-___, and is classified to section 290kk-1 of this title.

Amendments

2002 Amendments. Subsec. (g). Pub.L. 107-116, § 218, added subsec. (g).

LIBRARY REFERENCES

American Digest System

Indians ⟹6(1).
Key Number System Topic No. 209.
Infants ⟹12, 13.
Key Number System Topic No. 211.
United States ⟹32, 41, 82(2), 85.
Key Number System Topic No. 393.

Encyclopedias

Indians, see C.J.S. §§ 30, 38 to 42, 44 to 45, 137 to 153.
Infants, see C.J.S. §§ 5 to 6, 10, 32, 41, 43 to 44, 92 to 93, 95 to 98.
United States, see C.J.S. §§ 32, 41, 122 to 123.

PART H—REQUIREMENT RELATING TO THE RIGHTS OF RESIDENTS OF CERTAIN FACILITIES

§ 290ii. Requirement relating to the rights of residents of certain facilities

(a) In general

A public or private general hospital, nursing facility, intermediate care facility, or other health care facility, that receives support in any form from any program supported in whole or in part with funds appropriated to any Federal department or agency shall protect and promote the rights of each resident of the facility, including the right to be free from physical or mental abuse, corporal punishment, and any restraints or involuntary seclusions imposed for purposes of discipline or convenience.

(b) Requirements

Restraints and seclusion may only be imposed on a resident of a facility described in subsection (a) if—

(1) the restraints or seclusion are imposed to ensure the physical safety of the resident, a staff member, or others; and

(2) the restraints or seclusion are imposed only upon the written order of a physician, or other licensed practitioner permitted by the State and the facility to order such restraint or seclusion, that specifies the duration and circumstances under which the restraints are to be used (except in emergency circumstances specified by the Secretary until such an order could reasonably be obtained).

(c) Current law

This part shall not be construed to affect or impede any Federal or State law or regulations that provide greater protections than this part regarding seclusion and restraint.

(d) Definitions

In this section:

(1) Restraints

The term "restraints" means—

(A) any physical restraint that is a mechanical or personal restriction that immobilizes or reduces the ability of an individual to move his or her arms, legs, or head freely, not including devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or any other methods that involves the physical holding of a resident for the purpose of conducting routine physical examinations or tests or to protect the resident from falling out of bed or to permit the resident to participate in activities without the risk of physical harm to the resident (such term does not include a physical escort); and

(B) a drug or medication that is used as a restraint to control behavior or restrict the resident's freedom of movement that is not a standard treatment for the resident's medical or psychiatric condition.

(2) Seclusion

The term "seclusion" means a behavior control technique involving locked isolation. Such term does not include a time out.

(3) Physical escort

The term "physical escort" means the temporary touching or holding of the hand, wrist, arm, shoulder or back for the purpose of inducing a resident who is acting out to walk to a safe location.

(4) Time out

The term "time out" means a behavior management technique that is part of an approved treatment program and may involve the separation of the resident from the group, in a non-locked setting, for the purpose of calming. Time out is not seclusion.

(July 1, 1944, c. 373, Title V, § 591, as added Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXII, § 3207, 114 Stat. 1195.)

LIBRARY REFERENCES

American Digest System

Asylums ⟹5.
Key Number System Topic No. 43.
Hospital ⟹5.
Key Number System Topic No. 204.
Mental Health ⟹331.
Key Number System Topic No. 257A.
Physicians and Surgeons ⟹41.
Key Number System Topic No. 299.

Encyclopedias

Asylums and Institutional Care Facilities, see C.J.S. §§ 11 to 12.
Hospital, see C.J.S. §§ 11, 13 to 15.
Insane Persons, see C.J.S. § 209.
Physicians, Surgeons, and other Health-Care Providers, see C.J.S. §§ 90 to 96.
Right to Die, see C.J.S. § 2.

§ 290ii–1. Reporting requirement

(a) In general

Each facility to which the Protection and Advocacy for Mentally Ill Individuals Act of 1986 applies shall notify the appropriate agency, as determined by the Secretary, of each death that occurs at each such facility while a patient is restrained or in seclusion, of each death occurring within 24 hours after the patient has been removed from restraints and seclusion, or where it is reasonable to assume that a patient's death is a result of such seclusion or restraint. A notification under this section shall include the name of the resident and shall be provided not later than 7 days after the date of the death of the individual involved.

(b) Facility

In this section, the term "facility" has the meaning given the term "facilities" in section 10802(3) of this title.

(July 1, 1944, c. 373, Title V, § 592, as added Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXII, § 3207, 114 Stat. 1196.)

HISTORICAL AND STATUTORY NOTES

References in Text

The Protection and Advocacy for Mentally Ill Individuals Act of 1986, referred to in subsec. (a), is Pub.L. 99–319, May 23, 1986, 100 Stat. 478, as amended, which is classified principally to chapter 114 of this title (42 U.S.C.A. § 10801 et seq.). For complete classification of this Act to the Code, see Short Title note set out under section 10801 of this title and Tables.

Change of Name

The "Protection and Advocacy for Mentally Ill Individuals Act of 1986" is now cited as the "Protection and Advocacy for Individuals with Mental Illness Act"; see section 1 of Pub.L. 99–319, set out as a note under section 10801 of this title.

LIBRARY REFERENCES

American Digest System

Asylums ⟹5.
Key Number System Topic No. 43.
Hospital ⟹5.
Key Number System Topic No. 204.
Mental Health ⟹331.
Key Number System Topic No. 257A.
Physicians and Surgeons ⟹41.
Key Number System Topic No. 299.

Encyclopedias

Asylums and Institutional Care Facilities, see C.J.S. §§ 11 to 12.
Hospital, see C.J.S. §§ 11, 13 to 15.
Insane Persons, see C.J.S. § 209.
Physicians, Surgeons, and other Health-Care Providers, see C.J.S. §§ 90 to 96.
Right to Die, see C.J.S. § 2.

§ 290ii–2. Regulations and enforcement

(a) Training

Not later than 1 year after October 17, 2000, the Secretary, after consultation with appropriate State and local protection and advocacy organizations, physicians, facilities, and other health care professionals and patients, shall promulgate regulations that require facilities to which the Protection and Advocacy for Mentally Ill Individuals Act of 1986 (42 U.S.C. 10801 et seq.) applies, to meet the requirements of subsection (b).

(b) Requirements

The regulations promulgated under subsection (a) shall require that—

(1) facilities described in subsection (a) ensure that there is an adequate number of qualified professional and supportive staff to evaluate patients, formulate written individualized, comprehensive treatment plans, and to provide active treatment measures;

(2) appropriate training be provided for the staff of such facilities in the use of restraints and any alternatives to the use of restraints; and

(3) such facilities provide complete and accurate notification of deaths, as required under section 290ii–1(a) of this title.

(c) Enforcement

A facility to which this part applies that fails to comply with any requirement of this part, including a failure to provide appropriate training, shall not be eligible for participation in any program supported in whole or in part by funds appropriated to any Federal department or agency.

(July 1, 1944, c. 373, Title V, § 593, as added Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXII, § 3207, 114 Stat. 1196.)

HISTORICAL AND STATUTORY NOTES

References in Text

The Protection and Advocacy for Mentally Ill Individuals Act of 1986, referred to in subsec. (a), is Pub.L. 99–319, May 23, 1986, 100 Stat. 478, as amended, which is classified principally to chapter 114 of this title (42 U.S.C.A. § 10801 et seq.). For complete classification of this Act to the Code, see Short Title note set out under section 10801 of this title and Tables.

Change of Name

The "Protection and Advocacy for Mentally Ill Individuals Act of 1986" is now cited as the "Protection and Advocacy for Individuals with Mental Illness Act"; see section 1 of Pub.L. 99–319, set out as a note under section 10801 of this title.

LIBRARY REFERENCES

American Digest System

Asylums ⟹5.
Key Number System Topic No. 43.
Hospital ⟹5.
Key Number System Topic No. 204.
Mental Health ⟹331.
Key Number System Topic No. 257A.
Physicians and Surgeons ⟹41.
Key Number System Topic No. 299.
United States ⟹32, 41.
Key Number System Topic No. 393.

Encyclopedias

Asylums and Institutional Care Facilities, see C.J.S. §§ 11 to 12.
Hospital, see C.J.S. §§ 11, 13 to 15.
Insane Persons, see C.J.S. § 209.
Physicians, Surgeons, and other Health-Care Providers, see C.J.S. §§ 90 to 96.
Right to Die, see C.J.S. § 2.
United States, see C.J.S. §§ 32, 41.

PART I—REQUIREMENT RELATING TO THE RIGHTS OF RESIDENTS OF CERTAIN NON-MEDICAL, COMMUNITY-BASED FACILITIES FOR CHILDREN AND YOUTH

§ 290jj. Requirement relating to the rights of residents of certain non-medical, community-based facilities for children and youth

(a) Protection of rights

(1) In general

A public or private non-medical, community-based facility for children and youth (as defined in regulations to be promulgated by the Secretary) that receives support in any form from any program supported in whole or in part with funds appropriat-

ed under this chapter shall protect and promote the rights of each resident of the facility, including the right to be free from physical or mental abuse, corporal punishment, and any restraints or involuntary seclusions imposed for purposes of discipline or convenience.

(2) Nonapplicability

Notwithstanding this part, a facility that provides inpatient psychiatric treatment services for individuals under the age of 21, as authorized and defined in subsections (a)(16) and (h) of section 1396d of this title, shall comply with the requirements of part H of this subchapter.

(3) Applicability of medicaid provisions

A non-medical, community-based facility for children and youth funded under the Medicaid program under subchapter XIX of chapter 7 of this title shall continue to meet all existing requirements for participation in such program that are not affected by this part.

(b) Requirements

(1) In general

Physical restraints and seclusion may only be imposed on a resident of a facility described in subsection (a) if—

(A) the restraints or seclusion are imposed only in emergency circumstances and only to ensure the immediate physical safety of the resident, a staff member, or others and less restrictive interventions have been determined to be ineffective; and

(B) the restraints or seclusion are imposed only by an individual trained and certified, by a State-recognized body (as defined in regulation promulgated by the Secretary) and pursuant to a process determined appropriate by the State and approved by the Secretary, in the prevention and use of physical restraint and seclusion, including the needs and behaviors of the population served, relationship building, alternatives to restraint and seclusion, de-escalation methods, avoiding power struggles, thresholds for restraints and seclusion, the physiological and psychological impact of restraint and seclusion, monitoring physical signs of distress and obtaining medical assistance, legal issues, position asphyxia, escape and evasion techniques, time limits, the process for obtaining approval for continued restraints, procedures to address problematic restraints, documentation, processing with children, and follow-up with staff, and investigation of injuries and complaints.

(2) Interim procedures relating to training and certification

(A) In general

Until such time as the State develops a process to assure the proper training and certification of facility personnel in the skills and competencies referred in paragraph (1)(B), the facility involved shall develop and implement an interim procedure that meets the requirements of subparagraph (B).

(B) Requirements

A procedure developed under subparagraph (A) shall—

(i) ensure that a supervisory or senior staff person with training in restraint and seclusion who is competent to conduct a face-to-face assessment (as defined in regulations promulgated by the Secretary), will assess the mental and physical well-being of the child or youth being restrained or secluded and assure that the restraint or seclusion is being done in a safe manner;

(ii) ensure that the assessment required under clause (i) take place as soon as practicable, but in no case later than 1 hour after the initiation of the restraint or seclusion; and

(iii) ensure that the supervisory or senior staff person continues to monitor the situation for the duration of the restraint and seclusion.

(3) Limitations

(A) In general

The use of a drug or medication that is used as a restraint to control behavior or restrict the resident's freedom of movement that is not a standard treatment for the resident's medical or psychiatric condition in nonmedical community-based facilities for children and youth described in subsection (a)(1) is prohibited.

(B) Prohibition

The use of mechanical restraints in non-medical, community-based facilities for children and youth described in subsection (a)(1) is prohibited.

(C) Limitation

A non-medical, community-based facility for children and youth described in subsection (a)(1) may only use seclusion when a staff member is continuously face-to-face monitoring the resident and when strong licensing or accreditation and internal controls are in place.

(c) Rule of construction

(1) In general

Nothing in this section shall be construed as prohibiting the use of restraints for medical immobilization, adaptive support, or medical protection.

(2) Current law

This part shall not be construed to affect or impede any Federal or State law or regulations that provide greater protections than this part regarding seclusion and restraint.

(d) Definitions

In this section:

(1) Mechanical restraint

The term "mechanical restraint" means the use of devices as a means of restricting a resident's freedom of movement.

(2) Physical escort

The term "physical escort" means the temporary touching or holding of the hand, wrist, arm, shoulder or back for the purpose of inducing a resident who is acting out to walk to a safe location.

(3) Physical restraint

The term "physical restraint" means a personal restriction that immobilizes or reduces the ability of an individual to move his or her arms, legs, or head freely. Such term does not include a physical escort.

(4) Seclusion

The term "seclusion" means a behavior control technique involving locked isolation. Such term does not include a time out.

(5) Time out

The term "time out" means a behavior management technique that is part of an approved treatment program and may involve the separation of the resident from the group, in a non-locked setting, for the purpose of calming. Time out is not seclusion.

(July 1, 1944, c. 373, Title V, § 595, as added Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXII, § 3208, 114 Stat. 1197.)

HISTORICAL AND STATUTORY NOTES

References in Text

This chapter, referred to in subsec. (a)(1), originally read "this Act", meaning the Public Health Service Act, Act July 1, 1914, c. 373, 58 Stat. 682, as amended, which is classified primarily to this chapter (42 U.S.C.A. § 201 et seq.). See Tables for complete classification.

Part H of this subchapter, referred to in subsec. (a)(2), is classified to 42 U.S.C.A. § 290ii et seq.

Subchapter XIX of chapter 7 of this title, referred to in subsec. (a)(3), is classified to 42 U.S.C.A. § 1396 et seq.

LIBRARY REFERENCES

American Digest System

Asylums ⟹5.
Key Number System Topic No. 43.
Infants ⟹222, 227(1).
Key Number System Topic No. 211.
Social Security and Public Welfare ⟹241.60.
Key Number System Topic No. 356A.

Encyclopedias

Asylums and Institutional Care Facilities, see C.J.S. §§ 11 to 12.
Infants, see C.J.S. §§ 57, 69 to 85.
Social Security and Public Welfare, see C.J.S. § 132.

§ 290jj–1. Reporting requirement

Each facility to which this part applies shall notify the appropriate State licensing or regulatory agency, as determined by the Secretary—

(1) of each death that occurs at each such facility. A notification under this section shall include the name of the resident and shall be provided not later than 24 hours after the time of the individuals death; and

(2) of the use of seclusion or restraints in accordance with regulations promulgated by the Secretary, in consultation with the States.

(July 1, 1944, c. 373, Title V, § 595A, as added Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXII, § 3208, 114 Stat. 1199.)

LIBRARY REFERENCES

American Digest System

Asylums ⟹5.
Key Number System Topic No. 43.
Infants ⟹222, 227(1).
Key Number System Topic No. 211.

Encyclopedias

Asylums and Institutional Care Facilities, see C.J.S. §§ 11 to 12.
Infants, see C.J.S. §§ 57, 69 to 85.

§ 290jj–2. Regulations and enforcement

(a) Training

Not later than 6 months after October 17, 2000, the Secretary, after consultation with appropriate State, local, public and private protection and advocacy organizations, health care professionals, social workers, facilities, and patients, shall promulgate regulations that—

(1) require States that license non-medical, community-based residential facilities for children and youth to develop licensing rules and monitoring requirements concerning behavior management practice that will ensure compliance with Federal regulations and to meet the requirements of subsection (b);

(2) require States to develop and implement such licensing rules and monitoring requirements within 1 year after the promulgation of the regulations referred to in the matter preceding paragraph (1); and

(3) support the development of national guidelines and standards on the quality, quantity, orientation and training, required under this part, as well as the certification or licensure of those staff responsible for the implementation of behavioral intervention concepts and techniques.

(b) Requirements

The regulations promulgated under subsection (a) shall require—

(1) that facilities described in subsection (a) ensure that there is an adequate number of qualified professional and supportive staff to evaluate residents, formulate written individualized, comprehensive treatment plans, and to provide active treatment measures;

(2) the provision of appropriate training and certification of the staff of such facilities in the prevention and use of physical restraint and seclusion, including the

needs and behaviors of the population served, relationship building, alternatives to restraint, de-escalation methods, avoiding power struggles, thresholds for restraints, the physiological impact of restraint and seclusion, monitoring physical signs of distress and obtaining medical assistance, legal issues, position asphyxia, escape and evasion techniques, time limits for the use of restraint and seclusion, the process for obtaining approval for continued restraints and seclusion, procedures to address problematic restraints, documentation, processing with children, and follow-up with staff, and investigation of injuries and complaints; and

(3) that such facilities provide complete and accurate notification of deaths, as required under section 290jj–1(1) of this title.

(c) Enforcement

A State to which this part applies that fails to comply with any requirement of this part, including a failure to provide appropriate training and certification, shall not be eligible for participation in any program supported in whole or in part by funds appropriated under this chapter.

(July 1, 1944, c. 373, Title V, § 595B, as added Oct. 17, 2000, Pub.L. 106–310, Div. B, Title XXXII, § 3208, 114 Stat. 1199.)

HISTORICAL AND STATUTORY NOTES

References in Text

This chapter, referred to in subsec. (c), originally read "this Act", meaning the Public Health Service Act, Act July 1, 1914, c. 373, 58 Stat. 682, as amended, which is classified primarily to this chapter (42 U.S.C.A. § 201 et seq.). See Tables for complete classification.

LIBRARY REFERENCES

American Digest System

Asylums ⟹3, 5.
Key Number System Topic No. 43.
Infants ⟹222, 227(1).
Key Number System Topic No. 211.
United States ⟹32, 41.
Key Number System Topic No. 393.

Encyclopedias

Asylums and Institutional Care Facilities, see C.J.S. §§ 5 to 8, 11 to 12.
Infants, see C.J.S. §§ 57, 69 to 85.
United States, see C.J.S. §§ 32, 41.

PART G—SERVICES PROVIDED THROUGH RELIGIOUS ORGANIZATIONS

For another Part G as added by Pub. L. 106–310, Div. B, Title XXXI, § 3101, see Part G "Projects for Children and Violence", consisting of §§ 290hh and 290hh–1 of this title, ante

§ 290kk. Applicability to designated programs

(a) Designated programs

Subject to subsection (b), this part applies to discretionary and formula grant programs administered by the Substance Abuse and Mental Health Services Administration that make awards of financial assistance to public or private entities for the purpose of carrying out activities to prevent or treat substance abuse (in this part referred to as a "designated program"). Designated programs include the program under subpart II of part B of title XIX (relating to formula grants to the States).

(b) Limitation

This part does not apply to any award of financial assistance under a designated program for a purpose other than the purpose specified in subsection (a).

(c) Definitions

For purposes of this part (and subject to subsection (b)):

(1) The term "designated program" has the meaning given such term in subsection (a).

(2) The term "financial assistance" means a grant, cooperative agreement, or contract.

(3) The term "program beneficiary" means an individual who receives program services.

(4) The term "program participant" means a public or private entity that has received financial assistance under a designated program.

(5) The term "program services" means treatment for substance abuse, or preventive services regarding such abuse, provided pursuant to an award of financial assistance under a designated program.

(6) The term "religious organization" means a nonprofit religious organization.

(July 1, 1944, c. 373, Title V, § 581, as added Dec. 21, 2000, Pub.L. 106–554, § 1(a)(7) [Title I, § 144], 114 Stat. 2763, 2763A–619.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

2000 Acts. House Report No. 106–645 and Statement by President, see 2000 U.S. Code Cong. and Adm. News, p. 2459.

References in Text

Subpart II of part B of title XIX, referred to in subsec. (a), is subpart II of part B of title XIX of the Public Health Service Act, Act July 1, 1944, c. 373, 58 Stat. 682, which is classified to 42 U.S.C.A. § 300x–21 et seq.

Codifications

Another section 581 of the Public Health Service Act was added by Pub.L. 106–310, Div. B, Title XXXI, § 3101, Oct. 17, 2000, 114 Stat. 1168, and is classified to section 290hh of this title.

§ 290kk–1. Religious organizations as program participants

(a) In general

Notwithstanding any other provision of law, a religious organization, on the same basis as any other nonprofit private provider—

(1) may receive financial assistance under a designated program; and

(2) may be a provider of services under a designated program.

(b) Religious organizations

The purpose of this section is to allow religious organizations to be program participants on the same basis as any other nonprofit private provider without impairing the religious character of such organizations, and without diminishing the religious freedom of program beneficiaries.

(c) Nondiscrimination against religious organizations

(1) Eligibility as program participants

Religious organizations are eligible to be program participants on the same basis as any other nonprofit private organization as long as the programs are implemented consistent with the Establishment Clause and Free Exercise Clause of the First Amendment to the United States Constitution. Nothing in this Act shall be construed to restrict the ability of the Federal Government, or a State or local government receiving funds under such programs, to apply to religious organizations the same eligibility conditions in designated programs as are applied to any other nonprofit private organization.

(2) Nondiscrimination

Neither the Federal Government nor a State or local government receiving funds under designated programs shall discriminate against an organization that is or applies to be a program participant on the basis that the organization has a religious character.

(d) Religious character and freedom

(1) Religious organizations

Except as provided in this section, any religious organization that is a program participant shall retain its independence from Federal, State, and local government, including such organization's control over the definition, development, practice, and expression of its religious beliefs.

(2) Additional safeguards

Neither the Federal Government nor a State shall require a religious organization to—

(A) alter its form of internal governance; or

(B) remove religious art, icons, scripture, or other symbols,

in order to be a program participant.

(e) Employment practices

Nothing in this section shall be construed to modify or affect the provisions of any other Federal or State law or regulation that relates to discrimination in employment. A religious organization's exemption provided under section 2000e–1 of this title regarding employment practices shall not be affected by its participation in, or receipt of funds from, a designated program.

(f) Rights of program beneficiaries

(1) In general

If an individual who is a program beneficiary or a prospective program beneficiary objects to the religious character of a program participant, within a reasonable period of time after the date of such objection such program participant shall refer such individual to, and the appropriate Federal, State, or local government that administers a designated program or is a program participant shall provide to such individual (if otherwise eligible for such services), program services that—

(A) are from an alternative provider that is accessible to, and has the capacity to provide such services to, such individual; and

(B) have a value that is not less than the value of the services that the individual would have received from the program participant to which the individual had such objection.

Upon referring a program beneficiary to an alternative provider, the program participant shall notify the appropriate Federal, State, or local government agency that administers the program of such referral.

(2) Notices

Program participants, public agencies that refer individuals to designated programs, and the appropriate Federal, State, or local governments that administer designated programs or are program participants shall ensure that notice is provided to program beneficiaries or prospective program beneficiaries of their rights under this section.

(3) Additional requirements

A program participant making a referral pursuant to paragraph (1) shall—

(A) prior to making such referral, consider any list that the State or local government makes available of entities in the geographic area that provide program services; and

(B) ensure that the individual makes contact with the alternative provider to which the individual is referred.

(4) Nondiscrimination

A religious organization that is a program participant shall not in providing program services or engaging in outreach activities under designated programs discriminate against a program beneficiary or prospective program beneficiary on the basis of religion or religious belief.

(g) Fiscal accountability

(1) In general

Except as provided in paragraph (2), any religious organization that is a program participant shall be subject to the same regulations as other recipients of awards of Federal financial assistance to account, in accordance with generally accepted auditing principles, for the use of the funds provided under such awards.

(2) Limited audit

With respect to the award involved, a religious organization that is a program participant shall segregate Federal amounts provided under award into a separate

account from non-Federal funds. Only the award funds shall be subject to audit by the government.

(h) Compliance

With respect to compliance with this section by an agency, a religious organization may obtain judicial review of agency action in accordance with chapter 7 of title 5, United States Code.

(July 1, 1944, c. 373, Title V, § 582, as added Dec. 21, 2000, Pub.L. 106–554, § 1(a)(7) [Title I, § 144], 114 Stat. 2763, 2763A–620.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

2000 Acts. House Report No. 106–645 and Statement by President, see 2000 U.S. Code Cong. and Adm. News, p. 2459.

Codifications

Another section 582 of the Public Health Sevice Act was added by Pub.L. 106–310, Div. B, Title XXXI, § 3101, Oct. 17, 2000, 114 Stat. 1169, and is classified to section 290hh–1 of this title.

References in Text

This Act, referred to in subsec. (c)(1), probably means the Public Health Service Act, Act July 1, 1944, c. 373, 58 Stat. 682, as amended, which is classified principally to this chapter. See tables for complete classification.

Chapter 7 of Title 5, referred to in subsec. (h), is classified to 5 U.S.C.A. § 701 et seq. See tables for complete classification.

§ 290kk–2. Limitations on use of funds for certain purposes

No funds provided under a designated program shall be expended for sectarian worship, instruction, or proselytization.

(July 1, 1944, c. 373, Title V, § 583, as added Dec. 21, 2000, Pub.L. 106–554, § 1(a)(7) [Title I, § 144], 114 Stat. 2763, 2763A–622.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

2000 Acts. House Report No. 106–645 and Statement by President, see 2000 U.S. Code Cong. and Adm. News, p. 2459.

§ 290kk–3. Educational requirements for personnel in drug treatment programs

(a) Findings

The Congress finds that—

(1) establishing unduly rigid or uniform educational qualification for counselors and other personnel in drug treatment programs may undermine the effectiveness of such programs; and

(2) such educational requirements for counselors and other personnel may hinder or prevent the provision of needed drug treatment services.

(b) Nondiscrimination

In determining whether personnel of a program participant that has a record of successful drug treatment for the preceding three years have satisfied State or local requirements for education and training, a State or local government shall not discriminate against education and training provided to such personnel by a religious organization, so long as such education and training includes basic content substantially equivalent to the content provided by nonreligious organizations that the State or local government would credit for purposes of determining whether the relevant requirements have been satisfied.

(July 1, 1944, c. 373, Title V, § 584, as added Dec. 21, 2000, Pub.L. 106–554, § 1(a)(7) [Title I, § 144], 114 Stat. 2763, 2763A–622.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

2000 Acts. House Report No. 106–645 and Statement by President, see 2000 U.S. Code Cong. and Adm. News, p. 2459.

SUBCHAPTER IV—CONSTRUCTION AND MODERNIZATION OF HOSPITALS AND OTHER MEDICAL FACILITIES

§ 291. Congressional declaration of purpose

AMERICAN LAW REPORTS

Right to maintain private action under Hill-Burton Act (42 USC §§ 291 et seq.) to compel hospital to provide services to persons unable to pay therefor. 11 ALR Fed 683.

LIBRARY REFERENCES

Encyclopedias

Establishment and maintenance of public hospitals, see C.J.S. Hospitals § 6.

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3. Delegation of Authority

In enacting the Hill-Burton Act, Congress intended, at the very least, an implicit delegation of authority to Health and Human Services to adopt 1987 substantial compliance regulations allowing health care facilities to receive credit for care given without timely eligibility determinations. Flagstaff Medical Center, Inc. v. Sullivan, D.Ariz.1991, 773 F.Supp. 1325, affirmed in part, reversed in part 962 F.2d 879, as amended.

4. Credit for services provided

Congressional intent as to Hill-Burton Act is that medical facilities receive credit for medical services provided to those of persons unable to pay, not for those unwilling to pay. Flagstaff Medical Center, Inc. v. Sullivan, D.Ariz.1991, 773 F.Supp. 1325, affirmed in part, reversed in part 962 F.2d 879, as amended.

PART A—GRANTS AND LOANS FOR CONSTRUCTION AND MODERNIZATION OF HOSPITALS AND OTHER MEDICAL FACILITIES

§ 291b. State allotments

LIBRARY REFERENCES

Encyclopedias

Establishment and maintenance of public hospitals, see C.J.S. Hospitals § 6.

§ 291c. General regulations

NOTES OF DECISIONS

Compliance standards 22

12. —— Notice of facility's obligation

Dark v. Prince George's County, Md.App. 1981, 430 A.2d 629, [main volume] 49 Md.App. 183.

18. Private cause of action

Plaintiff may not seek personal relief under Hill-Burton Act for medical facility's lack of compliance with its assurances to provide uncompensated services to patients unable to pay, but is instead restricted to enforcing medical facility's compliance with its "assurances," since plaintiff does not act as "private attorney general" when plaintiff brings "private action" under Act. White v. Moses Taylor Hosp., M.D.Pa. 1991, 763 F.Supp. 776.

19. Persons entitled to maintain action

Plaintiffs who were beneficiaries of Hill-Burton program at medical center had standing to challenge the substantive compliance standard adopted by Health and Human Services; the claim that HHS exceeded permissible bounds of regulation was within zone of interests protected by the Hill-Burton Act, HHS actions reduced the total amount of free care the center must provide, and plaintiffs claimed that regulations, by not automatically denying credit when facility fails to determine eligibility within two days, were inconsistent with Act's primary objectives. Flagstaff Medical Center, Inc. v. Sullivan, D.Ariz.1991, 773 F.Supp. 1325, affirmed in part, reversed in part 962 F.2d 879, as amended.

22. Compliance standards

The substantial compliance standard instituted by 1987 regulations of Health and Human Services allowing health care facilities to receive credit for care given without timely eligibility determinations does not conflict with the Hill-Burton Act on theory the regulations permit facilities to convert uncompensated services obligations into means for writing off bad debts; only the "bad debts" of indigent patients, as opposed to those unwilling to pay, may be credited to facility's obligation. Flagstaff Medical Center, Inc. v. Sullivan, D.Ariz.1991, 773 F.Supp. 1325, affirmed in part, reversed in part 962 F.2d 879, as amended.

§ 291e. Projects for construction or modernization

LIBRARY REFERENCES

Administrative Law

Procedures for determination of prevailing wage rates for laborers and mechanics, see 29 CFR § 1.1 et seq.

§ 291i. Recovery of expenditures under certain conditions

AMERICAN LAW REPORTS

Recovery by United States, pursuant to provisions of Hill-Burton Act, as amended (42 USCA § 291i), of federal funds used in construction of nonprofit health facility sold to profitmaking organization or otherwise ceasing to function as nonprofit health facility. 60 ALR Fed 686.

NOTES OF DECISIONS

Amendment of complaint 10
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Estoppel, defenses 8a
Successive amendments 10

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4. Waiver for good cause

Statutory "good cause" waiver was not available with respect to government's recovery rights for local governmental unit's transfer of Hill-Burton hospital, partially constructed with funds awarded under Public Health Service Act, to ineligible for-profit entity; "good cause" waiver was available only with respect to recovery rights arising from closure of facility. U.S. v. St. James Parish, La., E.D.La.1992, 792 F.Supp. 1419.

5. Persons or entities liable

Under Hill-Burton Act, entitling government to recover funds granted for construction of nonprofit hospital if hospital changes its nonprofit status within 20 years of its substantial completion, transferee who, after 20-year period has lapsed, acquires hospital that changed to for-profit status within 20-year period is not liable for repayment of funds. U.S. v. NBC Bank-Rockdale, C.A.5 (Tex.) 1993, 7 F.3d 63.

Court of Federal Claims did not have jurisdiction over health care provider's request for judicial review of administrative liability determination by Secretary of Health and Human Services and for refund of approximately $922,000 of nearly $1,800,000 paid to extinguish liability incurred under federal grant program when grant financed facility was transferred to an ineligible entity; Congress, in enacting Hill-Burton Act, plainly and clearly placed jurisdiction to review Hill-Burton dispute squarely in district courts. National Medical Enterprises, Inc. v. U.S., Fed. Cl.1993, 28 Fed.Cl. 540, appeal dismissed 14 F.3d 612.

8a. —— Estoppel

Government was not estopped from recovering Public Health Service Act grant money used in construction of Hill-Burton hospital, upon local governmental unit's transfer of hospital to ineligible for-profit entity, based upon governmental unit's erroneous belief of availability of "good cause" waiver of recovery. U.S. v. St. James Parish, La., E.D.La.1992, 792 F.Supp. 1419.

10. Amendment of complaint

Government was not entitled to file second-amended complaint for purposes of confirming its theory of recovery under Hill-Burton Act, where second-amended complaint would be merely cumulative and was wholly unnecessary; government's theory of recovery was already adequately reflected in first-amended complaint and was confirmed by court's prior order. U.S. v. St. James Parish, La., E.D.La.1992, 792 F.Supp. 1410.

11. Amount of recovery

Once government had calculated recovery amount under Hill-Burton Act based on early closure of federal funded hospital, made demand, and filed suit based on recovery amount, knowing all the while that yet another triggering event had occurred, i.e., a transfer of hospital to for-profit entity, government could not recalculate recovery amount based on later triggering event; government could, however, elect to pursue subsequent transferee of facility. U.S. v. St. James Parish, La., E.D.La.1992, 792 F.Supp. 1410.

SUBCHAPTER V—HEALTH PROFESSIONS EDUCATION

CROSS REFERENCES

Definitions, as in this section, have same meaning for purposes of, national and community service, see 42 USCA § 12604.

Five-year limited eligibility of qualified aliens for Federal means-tested public benefit, see 8 USCA § 1613.

PART A—STUDENT LOANS

Subpart I—Insured Health Education Assistance Loans to Graduate Students

§ 292. Statement of purpose

The purpose of this subpart is to enable the Secretary to provide a Federal program of student loan insurance for students in (and certain former students of) eligible institutions (as defined in section 290o of this title).

(July 1, 1944, c. 373, Title VII, § 701, as added Oct. 13, 1992, Pub.L. 102–408, Title II, § 102, 106 Stat. 1994.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

Effective and Applicability Provisions

1992 Acts. Section 103 of Pub.L. 102–408 provided that: "The amendment made by section 102 [amending this subchapter] takes effect on the date of the enactment of this Act [Oct. 13, 1992], except that section 708 of the Public Health Service Act [section 292g of this title], as added by section 102 of this Act, takes effect January 1, 1993. Until such date, section 732(c) of the Public Health Service Act [former section 294e(c) of this title], as in effect on the day before the date of the enactment of this Act [Oct. 13, 1992], continues in effect in lieu of such section 708."

Prior Provisions

A prior section 292, Act July 1, 1944, c. 373, Title VII, § 700, as added Oct. 12, 1976, Pub.L. 94–484, Title II, § 201(b), 90 Stat. 2246, set forth limitations with respect to use of appropriations, and was repealed by Pub.L. 97–35, Title XXVII, § 2715, Aug. 13, 1981, 95 Stat. 913.

Another prior section 292, Act July 1, 1944, c. 373, Title VII, § 701, as added July 30, 1956, c. 779, § 2, 70 Stat. 717, and amended Sept. 24, 1963, Pub.L. 88–129, § 2(a), 77 Stat. 164, stated Congressional findings and declaration of policy respecting grants for construction of health research facilities, and was repealed by Pub.L. 94–484, Title II, § 201(a), Oct. 12, 1976, 90 Stat. 2246.

Study on Effectiveness of Health Professions Programs

Section 309 of Pub.L. 102–408 provided that:

"**(a) In general.**—The Comptroller General of the United States shall conduct a study of the programs carried out under titles VII and VIII of the Public Health Service Act (as amended by this Act) [this subchapter and subchapter VI of this chapter] for the purpose of determining the effectiveness of such programs in—

"(1) increasing the number of primary care providers (physicians, physician assistants, nurse midwives, nurse practitioners and general dentists), nurses and allied health personnel;

"(2) improving the geographic distribution of health professionals in medically underserved and rural areas; and

"(3) recruiting and retaining as students in health professions schools individuals who are members of a minority group.

"**(b) Certain requirements.**—The study conducted under subsection (a) shall determine—

"(1) whether funding under title VII of the Public Health Service Act [this subchapter] has increased the number of primary care practitioners (family medicine, general internal medicine, general pediatrics, general dentistry, and physician assistants) in medically underserved communities (as defined in section 799 of such Act [section 295p of this title]);

"(2) whether or not funding under such title VII [this subchapter] has increased the number of allied health professionals in medically underserved or rural communities;

"(3) whether or not funding under title VIII of such Act [subchapter VI of this chapter] has increased the number of nurses in medically underserved or rural communities;

"(4) whether or not the various mechanisms under such titles VII and VIII [this subchapter and subchapter VI of this chapter] (such as scholarships, fellowships, traineeships, loan repayment programs, project grants, and education centers) have been effective in producing health care professionals who work or practice in medically underserved and rural communities and the relative impact or effectiveness of each mechanism;

"(5) the duration of service in medically underserved communities (as defined in section 799 of such Act [section 295p of this title]) of health professionals whose training was funded by such titles or who received financial incentives under such titles to practice in such communities;

"(6) the geographic distribution of former trainees under such titles who are practicing in medically underserved communities (as so defined);

"(7) with respect to the programs of such titles [subchapters] whose purpose is improving the health of individuals who are members of minority groups, whether such programs have had a significant impact on the number of such individuals entering the health professions; and

"(8) such other factors as may be relevant to the reauthorization of such title VII or VIII [this subchapter or subchapter VI of this chapter].

"**(c) Report.**—Not later than January 1, 1994, the Comptroller General of the United

States shall complete the study required in subsection (a) and submit to the Committee on Labor and Human Resources of the Senate, and the Committee on Energy and Commerce of the House of Representatives, a report describing the findings made as a result of the study and making such recommendations regarding the programs carried out under titles VII and VIII of the Public Health Service Act [this subchapter and subchapter VI of this chapter] as the Comptroller General determines to be appropriate."

[Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.]

LIBRARY REFERENCES

American Digest System

Students; loans and loan guarantees or insurance, see Colleges and Universities ⟹9.25(2).

Encyclopedias

Students; tuition and fees, see C.J.S. Colleges and Universities § 31.

WESTLAW ELECTRONIC RESEARCH

Colleges and Universities cases: 81k[add key number].

See, also, WESTLAW guide following the Explanation pages of this volume.

§ 292a. Scope and duration of loan insurance program

(a) In general

The total principal amount of new loans made and installments paid pursuant to lines of credit (as defined in section 290o of this title) to borrowers covered by Federal loan insurance under this subpart shall not exceed $350,000,000 for fiscal year 1993, $375,000,000 for fiscal year 1994, and $425,000,000 for fiscal year 1995. If the total amount of new loans made and installments paid pursuant to lines of credit in any fiscal year is less than the ceiling established for such year, the difference between the loans made and installments paid and the ceiling shall be carried over to the next fiscal year and added to the ceiling applicable to that fiscal year, and if in any fiscal year no ceiling has been established, any difference carried over shall constitute the ceiling for making new loans (including loans to new borrowers) and paying installments for such fiscal year. Thereafter, Federal loan insurance pursuant to this subpart may be granted only for loans made (or for loan installments paid pursuant to lines of credit) to enable students, who have obtained prior loans insured under this subpart, to continue or complete their educational program or to obtain a loan under section 292d(a)(1)(B) of this title to pay interest on such prior loans; but no insurance may be granted for any loan made or installment paid after September 30, 1998. The total principal amount of Federal loan insurance available under this subsection shall be granted by the Secretary without regard to any apportionment for the purpose of chapter 15 of Title 31 and without regard to any similar limitation.

(b) Certain limitations and priorities

(1) Limitations regarding lenders, States, or areas

The Secretary may, if necessary to assure an equitable distribution of the benefits of this subpart, assign, within the maximum amounts specified in subsection (a) of this section, Federal loan insurance quotas applicable to eligible lenders, or to States or areas, and may from time to time reassign unused portions of these quotas.

(2) Priority for certain lenders

In providing certificates of insurance under section 292e of this title through comprehensive contracts, the Secretary shall give priority to eligible lenders that agree—

(A) to make loans to students at interest rates below the rates prevailing, during the period involved, for loans covered by Federal loan insurance pursuant to this subpart; or

(B) to make such loans under terms that are otherwise favorable to the student relative to the terms under which eligible lenders are generally making such loans during such period.

(c) Authority of Student Loan Marketing Association

(1) In general

Subject to paragraph (2), the Student Loan Marketing Association, established under part B of title IV of the Higher Education Act of 1965 [20 U.S.C.A. § 1071 et seq.], is authorized to make advances on the security of, purchase, service, sell, consolidate, or otherwise deal in loans which are insured by the Secretary under this subpart, except that if any loan made under this subpart is included in a consolidated loan pursuant to the authority of the Association under part B of title IV of the Higher Education Act of 1965 [20 U.S.C.A. § 1071 et seq.], the interest rate on such consolidated loan shall be set at the weighted average interest rate of all such loans offered for consolidation and the resultant per centum shall be rounded downward to the nearest one-eighth of 1 per centum, except that the interest rate shall be no less than the applicable interest rate of the guaranteed student loan program established under part B of title IV of the Higher Education Act of 1965 [20 U.S.C.A. § 1071 et seq.]. In the case of such a consolidated loan, the borrower shall be responsible for any interest which accrues prior to the beginning of the repayment period of the loan, or which accrues during a period in which principal need not be paid (whether or not such principal is in fact paid) by reason of any provision of the Higher Education Act of 1965 [20 U.S.C.A. § 1001 et seq.].

(2) Applicability of certain Federal regulations

With respect to Federal regulations for lenders, this subpart may not be construed to preclude the applicability of such regulations to the Student Loan Marketing Association or to any other entity in the business of purchasing student loans, including such regulations with respect to applications, contracts, and due diligence.

(July 1, 1944, c. 373, Title VII, § 702, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 1994.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

References in Text

The Higher Education Act of 1965, referred to in subsec. (c), is Pub.L. 89–329, Nov. 8, 1965, 79 Stat. 1219, as amended, which is classified principally to chapter 28 (section 1001 et seq.) of Title 20, Education. Part B of Title IV of such Act is classified generally to part B (section 1071 et seq.) of subchapter IV of chapter 28 of Title 20. For complete classification of this Act to the Code, see Short Title note set out under section 1001 of Title 20 and Tables.

Effective and Applicability Provisions

1992 Acts. Section effective Oct. 13, 1992, see section 103 of Pub.L. 102–408, set out as a note under section 292 of this title.

Prior Provisions

A prior section 292a, Act July 1, 1944, c. 373, Title VII, § 701, formerly § 724, as added Sept. 24, 1963, Pub.L. 88–129, § 2(b), 77 Stat. 169, amended Oct. 22, 1965, Pub.L. 89–290, § 2(b), 79 Stat. 1056; Nov. 2, 1966, Pub.L. 89–709, § 2(c), 80 Stat. 1103; Aug. 16, 1968, Pub.L. 90–490, Title I, § 105(c), 82 Stat. 774; Nov. 18, 1971, Pub.L. 92–157, Title I, § 102(c)(1)–(4), (f)(2)(B), 85 Stat. 431, 432, 435, and renumbered § 701 and amended Oct. 12, 1976, Pub.L. 94–484, Title II, § 201(c), (e), 90 Stat. 2247; Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2716, 95 Stat. 913; Oct. 22, 1985, Pub.L. 99–129, Title II, §§ 201(a), (b), 202, 203, 204(a), (b), 99 Stat. 525–527; Nov. 4, 1988, Pub.L. 100–607, Title VI, §§ 620(a), 623, 628(1), 629(b)(1), (2), 102 Stat. 3141, 3142, 3145, 3146; Aug. 16, 1989, Pub.L. 101–93, § 5(*l*), 103 Stat. 613, defined terms for purposes of prior subchapter V, relating to health research and teaching facilities and training of professional health personnel, prior to the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994. See sections 292*o* and 295p of this title.

Another prior section 292a, Act July 1, 1944, c. 373, Title VII, § 702, as added July 30, 1956, c. 779, § 2, 70 Stat. 717, and amended Sept. 24, 1963, Pub.L. 88–129, § 2(a), 77 Stat. 164, defined "Council", "construction" and "cost of construction", "nonprofit institution", and "sciences related to health" as applicable to grants for con-

struction of health research facilities, and was repealed by Pub.L. 94–484, Title II, § 201(a), Oct. 12, 1976, 90 Stat. 2246.

§ 292b. Limitations on individual insured loans and on loan insurance

(a) In general

The total of the loans made to a student in any academic year or its equivalent (as determined by the Secretary) which may be covered by Federal loan insurance under this subpart may not exceed $20,000 in the case of a student enrolled in a school of medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, or podiatric medicine, and $12,500 in the case of a student enrolled in a school of pharmacy, public health, allied health, or chiropractic, or a graduate program in health administration or behavioral and mental health practice, including clinical psychology. The aggregate insured unpaid principal amount for all such insured loans made to any borrower shall not at any time exceed $80,000 in the case of a borrower who is or was a student enrolled in a school of medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, or podiatric medicine, and $50,000 in the case of a borrower who is or was a student enrolled in a school of pharmacy, public health, allied health, or chiropractic, or a graduate program in health administration or clinical psychology. The annual insurable limit per student shall not be exceeded by a line of credit under which actual payments by the lender to the borrower will not be made in any year in excess of the annual limit.

(b) Extent of insurance liability

The insurance liability on any loan insured by the Secretary under this subpart shall be 100 percent of the unpaid balance of the principal amount of the loan plus interest. The full faith and credit of the United States is pledged to the payment of all amounts which may be required to be paid under the provisions of section 292f or 292m of this title.

(July 1, 1944, c. 373, Title VII, § 703, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 1995, and amended Nov. 13, 1998, Pub.L. 105–392, Title I, § 141(c)(1), 112 Stat. 3579.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

Amendments

1998 Amendments. Subsec. (a). Pub.L. 105–392, § 141(c)(1), struck "or clinical psychology" and inserted "or behavioral and mental health practice, including clinical psychology".

Effective and Applicability Provisions

1992 Acts. Section effective Oct. 13, 1992, see section 103 of Pub.L. 102–408, set out as a note under section 292 of this title.

Prior Provisions

A prior section 292b, Act July 1, 1944, c. 373, Title VII, § 702, formerly § 725, as added Sept. 24, 1963, Pub.L. 88–129, § 2(b), 77 Stat. 169, amended Sept. 4, 1964, Pub.L. 88–581, § 3(c), 78 Stat. 919; Nov. 2, 1966, Pub.L. 89–709, § 2(d), 80 Stat. 1103; Nov. 3, 1966, Pub.L. 89–751, § 3(a), 80 Stat. 1230; Dec. 5, 1967, Pub.L. 90–174, § 12(c), 81 Stat. 541; Oct. 30, 1970, Pub.L. 91–515, Title VI, § 601(b)(2), 84 Stat. 1311; Nov. 18, 1971, Pub.L. 92–157, Title I, § 108(a), 85 Stat. 460, and renumbered § 702 and amended Oct. 12, 1976, Pub.L. 94–484, Title II, §§ 201(c), 202(a)(1), (2), (b), 90 Stat. 2247, 2248; Oct. 22, 1985, Pub.L. 99–129, Title II, § 205(a), 99 Stat. 527; Nov. 4, 1988, Pub.L. 100–607, Title VI, §§ 620(b), 628(2), 102 Stat. 3141, 3145, related to the establishment, composition, selection of members, function, administration and termination of the National Advisory Council on Health Professions Education, prior to the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Another prior section 292b, Act July 1, 1944, c. 373, Title VII, § 703, as added July 30, 1956, c. 779, § 2, 70 Stat. 717, and amended Sept. 24, 1963, Pub.L. 88–129, § 2(a), 77 Stat. 164; Aug. 16, 1968, Pub.L. 90–490, Title IV, § 403, 82 Stat. 789; Oct. 30, 1970, Pub.L. 91–515, Title VI, § 601(a)(1), (b)(2), 84 Stat. 1310, 1311; Nov. 18, 1971, Pub.L. 92–157, Title I, § 102(k)(2)(A), 85 Stat. 437, related to the National Advisory Council on Health Research Facilities, providing for its establishment, composition, selection of members; its functions; and use of its services in the administration of grants for construction of health research facilities, and was repealed by Pub.L. 94–484, Title II, § 201(a), Oct. 12, 1976, 90 Stat. 2246.

§ 292c. Sources of funds

Loans made by eligible lenders in accordance with this subpart shall be insurable by the Secretary whether made from funds fully owned by the lender or from funds held by the lender in a trust or similar capacity and available for such loans.

(July 1, 1944, c. 373, Title VII, § 704, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 1996.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

Effective and Applicability Provisions

1992 Acts. Section effective Oct. 13, 1992, see section 103 of Pub.L. 102–408, set out as a note under section 292 of this title.

Prior Provisions

A prior section 292c, Act July 1, 1944, c. 373, Title VII, § 703, formerly § 799, as added Nov. 2, 1970, Pub.L. 91–519, Title II, § 206, 84 Stat. 1354, amended Nov. 18, 1971, Pub.L. 92–157, Title I, § 109, 85 Stat. 461, and renumbered § 703 and amended Oct. 12, 1976, Pub.L. 94–484, Title II, §§ 201(c), 203, 90 Stat. 2247, 2248; Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2717, 95 Stat. 914, provided for advanced funding of appropriations for grants and contracts, and was repealed by Pub.L. 99–129, Title II, § 220(a), Oct. 22, 1985, 99 Stat. 543.

Another prior section 292c, Act July 1, 1944, c. 373, Title VII, § 704, as added July 30, 1956, 779, § 2, 70 Stat. 718, and amended Aug. 27, 1958, Pub.L. 85–777, § 1(a), 72 Stat. 933; Oct. 5, 1961, Pub.L. 87–395, § 8(a), (d), 75 Stat. 827; Oct. 17, 1962, Pub.L. 87–838, § 4(a), 76 Stat. 1074; Aug. 9, 1965, Pub.L. 89–115, § 2(a), 79 Stat. 448; Aug. 16, 1968, Pub.L. 90–490, title IV, § 401(a), 82 Stat. 789 related to authorization of appropriations and availability of funds for grants for construction of health research facilities, and was repealed by Pub.L. 94–484, Title II, § 201(a), Oct. 12, 1976, 90 Stat. 2246.

§ 292d. Eligibility of borrowers and terms of insured loans

(a) In general

A loan by an eligible lender shall be insurable by the Secretary under the provisions of this subpart only if—

(1) made to—

(A) a student who—

(i) (I)has been accepted for enrollment at an eligible institution, or (II) in the case of a student attending an eligible institution, is in good standing at that institution, as determined by the institution;

(ii) is or will be a full-time student at the eligible institution;

(iii) has agreed that all funds received under such loan shall be used solely for tuition, other reasonable educational expenses, including fees, books, and laboratory expenses, and reasonable living expenses, incurred by such students;

(iv) if required under section 453 of Appendix to Title 50 to present himself for and submit to registration under such section, has presented himself and submitted to registration under such section; and

(v) in the case of a pharmacy student, has satisfactorily completed three years of training; or

(B) an individual who—

(i) has previously had a loan insured under this subpart when the individual was a full-time student at an eligible institution;

(ii) is in a period during which, pursuant to paragraph (2), the principal amount of such previous loan need not be paid;

(iii) has agreed that all funds received under the proposed loan shall be used solely for repayment of interest due on previous loans made under this subpart; and

(iv) if required under section 453 of the Appendix to Title 50 to present himself for and submit to registration under such section, has presented himself and submitted to registration under such section;

(2) evidenced by a note or other written agreement which—

(A) is made without security and without endorsement, except that if the borrower is a minor and such note or other written agreement executed by him would not, under the applicable law, create a binding obligation, an endorsement may be required;

(B) provides for repayment of the principal amount of the loan in installments over a period of not less than 10 years (unless sooner repaid) nor more than 25 years beginning not earlier than 9 months nor later than 12 months after the date of—

(i) the date on which—

(I) the borrower ceases to be a participant in an accredited internship or residency program of not more than four years in duration;

(II) the borrower completes the fourth year of an accredited internship or residency program of more than four years in duration; or

(III) the borrower, if not a participant in a program described in subclause (I) or (II), ceases to carry, at an eligible institution, the normal full-time academic workload as determined by the institution; or

(ii) the date on which a borrower who is a graduate of an eligible institution ceases to be a participant in a fellowship training program not in excess of two years or a participant in a full-time educational activity not in excess of two years, which—

(I) is directly related to the health profession for which the borrower prepared at an eligible institution, as determined by the Secretary; and

(II) may be engaged in by the borrower during such a two-year period which begins within twelve months after the completion of the borrower's participation in a program described in subclause (I) or (II) of clause (i) or prior to the completion of the borrower's participation in such program,

except as provided in subparagraph (C), except that the period of the loan may not exceed 33 years from the date of execution of the note or written agreement evidencing it, and except that the note or other written instrument may contain such provisions relating to repayment in the event of default in the payment of interest or in the payment of the costs of insurance premiums, or other default by the borrower, as may be authorized by regulations of the Secretary in effect at the time the loan is made;

(C) provides that periodic installments of principal and interest need not be paid, but interest shall accrue, during any period (i) during which the borrower is pursuing a full-time course of study at an eligible institution (or at an institution defined by section 1002(a) of Title 20); (ii) not in excess of four years during which the borrower is a participant in an accredited internship or residency program (including any period in such a program described in subclause (I) or subclause (II) of subparagraph (B)(i)); (iii) not in excess of three years, during which the borrower is a member of the Armed Forces of the United States; (iv) not in excess of three years during which the borrower is in service as a volunteer under the Peace Corps Act [22 U.S.C.A. § 2501 et seq.]; (v) not in excess of three years during which the borrower is a member of the National Health Service Corps; (vi) not in excess of three years during which the borrower is in service as a full-time volunteer under title I of the Domestic Volunteer Service Act of 1973 [42 U.S.C.A. § 4951 et seq.]; (vii) not in excess of 3 years, for a borrower who has completed an accredited internship or residency training program in osteopathic general practice, family medicine, general internal medicine, preventive medicine, or general pediatrics and who is practicing primary care; (viii) not in excess of 1 year, for borrowers who are graduates of schools of chiropractic; (ix) any period not in excess of two years which is described in subparagraph (B)(ii) ; (x) not in excess of three years, during which the borrower is providing health care services to Indians through an Indian health program (as defined in section 108(a)(2)(A) of the Indian Health Care Improvement Act (25 U.S.C. 1616a(a)(2)(A)) [1]; and (xi) in addition to all other deferments for which the borrower is eligible under clauses (i) through (x), any period during which the borrower is a member of the Armed Forces on active duty during the Persian Gulf conflict, and any period described in clauses (i) through (xi) shall not be included in determining the 25-year period described in subparagraph (B);

(D) provides for interest on the unpaid principal balance of the loan at a yearly rate, not exceeding the applicable maximum rate prescribed and defined by the Secretary (within the limits set forth in subsection (b) of this section) on a national, regional, or other appropriate basis, which interest shall be compounded not more frequently than annually and payable in installments over the period of the loan except as provided in subparagraph (C), except that the note or other written agreement may provide that payment of any interest may be deferred until not later than the date upon which repayment of the first

installment of principal falls due or the date repayment of principal is required to resume (whichever is applicable) and may further provide that, on such date, the amount of the interest which has so accrued may be added to the principal for the purposes of calculating a repayment schedule;

(E) offers, in accordance with criteria prescribed by regulation by the Secretary, a schedule for repayment of principal and interest under which payment of a portion of the principal and interest otherwise payable at the beginning of the repayment period (as defined in such regulations) is deferred until a later time in the period;

(F) entitles the borrower to accelerate without penalty repayment of the whole or any part of the loan;

(G) provides that the check for the proceeds of the loan shall be made payable jointly to the borrower and the eligible institution in which the borrower is enrolled; and

(H) contains such other terms and conditions consistent with the provisions of this subpart and with the regulations issued by the Secretary pursuant to this subpart, as may be agreed upon by the parties to such loan, including, if agreed upon, a provision requiring the borrower to pay to the lender, in addition to principal and interest, amounts equal to the insurance premiums payable by the lender to the Secretary with respect to such loan; and

(I) Redesignated (H)

(3) subject to the consent of the student and subject to applicable law, the eligible lender has obtained from the student appropriate demographic information regarding the student, including racial or ethnic background.

(b) Limitation on rate of interest

The rate of interest prescribed and defined by the Secretary for the purpose of subsection (a)(2)(D) of this section may not exceed the average of the bond equivalent rates of the 91–day Treasury bills auctioned for the previous quarter plus 3 percentage points, rounded to the next higher one-eighth of 1 percent.

(c) Minimum annual payment by borrower

The total of the payments by a borrower during any year or any repayment period with respect to the aggregate amount of all loans to that borrower which are insured under this subpart shall not be less than the annual interest on the outstanding principal, except as provided in subsection (a)(2)(C) of this section, unless the borrower, in the written agreement described in subsection (a)(2) of this section, agrees to make payments during any year or any repayment period in a lesser amount.

(d) Applicability of certain laws on rate or amount of interest

No provision of any law of the United States (other than subsections (a)(2)(D) and (b) of this section) or of any State that limits the rate or amount of interest payable on loans shall apply to a loan insured under this subpart.

(e) Determination regarding forbearance

Any period of time granted to a borrower under this subpart in the form of forbearance on the loan shall not be included in the 25–year total loan repayment period under subsection (a)(2)(C) of this section.

(f) Loan repayment schedule

Lenders and holders under this subpart shall offer borrowers graduated loan repayment schedules that, during the first 5 years of loan repayment, are based on the borrower's debt-to-income ratio.

(g) Rule of construction regarding determination of need of students

With respect to any determination of the financial need of a student for a loan covered by Federal loan insurance under this subpart, this subpart may not be construed to limit the authority of any school to make such allowances for students with special circumstances as the school determines appropriate.

(h) Definitions

For purposes of this section:

(1) The term "active duty" has the meaning given such term in section 101(18) of Title 37 except that such term does not include active duty for training.

(2) The term "Persian Gulf conflict" means the period beginning on August 2, 1990, and ending on the date thereafter prescribed by Presidential proclamation or by law.

(July 1, 1944, c. 373, Title VII, § 705, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 1996, and amended June 10, 1993, Pub.L. 103–43, Title XX, § 2014(a)(1), 107 Stat. 215; Oct. 7, 1998, Pub.L. 105–244, Title I, § 102(a)(13)(A), 112 Stat. 1620; Nov. 13, 1998, Pub.L. 105–392, Title I, § 141(a)(1), (2), 112 Stat. 3578.)

[1] So in original. Probably should be preceded by a third closing parenthesis.

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

1998 Acts. House Conference Report No. 105–750, see 1998 U.S. Code Cong. and Adm. News, p. 417.

References in Text

The Peace Corps Act, referred to in subsec. (a), is Pub.L. 87–293, Sept. 22, 1961, 75 Stat. 612, as amended, which is classified principally to chapter 34 (section 2501 et seq.) of Title 22, Foreign Relations and Intercourse. For complete classification of this Act to the Code, see Short Title note set out under section 2501 of Title 22 and Tables.

Title I of the Domestic Volunteer Service Act of 1973, referred to in subsec. (a), is Title I of Pub.L. 93–113, Oct. 1, 1973, 87 Stat. 394, as amended, which is classified generally to subchapter I (section 4951 et seq.) of chapter 66 of this title. For complete classification of this Act to the Code, see Short Title note set out under section 4950 of this title and Tables.

Amendments

1998 Amendments. Subsec. (a)(2)(C). Pub.L. 105–244, § 102(a)(13)(A), substituted "section 1002(a) of Title 20" for "section 1088(a) of Title 20".

Subsec. (a)(2)(C)(x). Pub.L. 105–392, § 141(a)(1), struck "and (x)" and inserted "(x) not in excess of three years, during which the borrower is providing health care services to Indians through an Indian health program (as defined in section 108(a)(2)(A) of the Indian Health Care Improvement Act (25 U.S.C. 1616a(a)(2)(A)); and (xi)".

Subsec. (a)(2)(C)(xi). Pub.L. 105–392, § 141(a)(2), as so redesignated, struck "eligible under clauses (i) through (ix)" and inserted "eligible under clauses (i) through (x)" and struck "described in clauses (i) through (x)" and inserted "described in clauses (i) through (xi)".

1993 Amendments. Subsec. (a)(2)(G). Pub.L. 103–43, § 2014(a)(1)(A), inserted "and" after the semicolon.

Subsec. (a)(2)(H). Pub.L. 103–43, § 2014(a)(1)(B), (C), redesignated subpar. (I) as (H) and struck out former subpar. (H), which provided that the note or written agreement, notwithstanding the Fair Debt Collection Practices Act, authorize an institution or post-graduate training program attended by the borrower to assist in the collection of any loan which becomes delinquent, including providing information concerning the borrower to the Secretary and present lenders and holders of the borrower's loan.

Subsec. (a)(2)(I). Pub.L. 103–43, § 2014(a)(1)(C), redesignated subpar. (I) as (H).

Effective and Applicability Provisions

1998 Acts. Amendment by Pub.L. 105–244 effective Oct. 1, 1998, except as otherwise provided, see section 3 of Pub.L. 105–244, set out as a note under section 1001 of this title.

Section 141(a)(3) of Pub.L. 105–392 provided that: "The amendments made by this subsection [amending subsec. (a)(2)(C) of this section] shall apply with respect to services provided on or after the first day of the third month that begins after the date of the enactment of this Act [Nov. 13, 1998]."

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

1992 Acts. Section effective Oct. 13, 1992, see section 103 of Pub.L. 102–408, set out as a note under section 292 of this title.

Prior Provisions

A prior section 292d, Act July 1, 1944, c. 373, Title VII, § 704, formerly § 799A, as added Nov. 2, 1970, Pub.L. 91–519, Title II, § 207, 84 Stat. 1355, amended Nov. 18, 1971, Pub.L. 92–157, Title I, § 110(2), 85 Stat. 461; July 12, 1974, Pub.L. 93–348, Title I, § 105, 88 Stat. 347, and renumbered § 704, Oct. 12, 1976, Pub.L. 94–484, Title II, § 201(c), 90 Stat. 2247; Nov. 4, 1988, Pub.L. 100–607, Title VI, §§ 620(c), 628(3), 629(b)(2), 102 Stat. 3141, 3145, 3146, prohibited the Secretary from entering into contracts with or making grants, loan guarantees, or interest subsidy payments to schools discriminating on the basis of sex in the training of health personnel, prior to the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Another prior section 292d, Act July 1, 1944, c. 373, Title VII, § 705, as added July 30, 1956, c. 779, § 2, 70 Stat. 718, and amended Aug. 27,

1958, Pub.L. 85–777, § 1(b), 72 Stat. 933; Oct. 5, 1961, Pub.L. 87–395, § 8(b), (d), 75 Stat. 827; Oct. 17, 1962, Pub.L. 87–838, § 4(b), 76 Stat. 1074; Sept. 24, 1963, Pub.L. 88–129, §§ 2(a), 3(a), 77 Stat. 164, 173; Aug. 9, 1965, Pub.L. 89–115, § 2(b), 79 Stat. 448; Aug. 16, 1968, Pub.L. 90–490, Title IV, § 401(b), 82 Stat. 789; Nov. 18, 1971, Pub.L. 92–157, Title I, § 102(k)(1), (2)(A), 85 Stat. 437, related to applications for grants for construction of health research facilities providing, for time of filing, eligibility, recommendation and approval and requirement of findings, conditional approval, and matters considered, and was repealed by Pub.L. 94–484, Title II, § 201(a), Oct. 12, 1976, 90 Stat. 2246.

§ 292e. Certificate of loan insurance; effective date of insurance

(a) In general

(1) Authority for issuance of certificate

If, upon application by an eligible lender, made upon such form, containing such information, and supported by such evidence as the Secretary may require, and otherwise in conformity with this section, the Secretary finds that the applicant has made a loan to an eligible borrower which is insurable under the provisions of this subpart, he may issue to the applicant a certificate of insurance covering the loan and setting forth the amount and terms of the insurance.

(2) Effective date of insurance

Insurance evidenced by a certificate of insurance pursuant to subsection (a)(1) of this section shall become effective upon the date of issuance of the certificate, except that the Secretary is authorized, in accordance with regulations, to issue commitments with respect to proposed loans, or with respect to lines (or proposed lines) of credit, submitted by eligible lenders, and in that event, upon compliance with subsection (a)(1) of this section by the lender, the certificate of insurance may be issued effective as of the date when any loan, or any payment by the lender pursuant to a line of credit, to be covered by such insurance is made to a student described in section 292d(a)(1) of this title. Such insurance shall cease to be effective upon 60 days' default by the lender in the payment of any installment of the premiums payable pursuant to section 292g of this title.

(3) Certain agreements for lenders

An application submitted pursuant to subsection (a)(1) of this section shall contain—

(A) an agreement by the applicant to pay, in accordance with regulations, the premiums fixed by the Secretary pursuant to section 292g of this title; and

(B) an agreement by the applicant that if the loan is covered by insurance the applicant will submit such supplementary reports and statements during the effective period of the loan agreement, upon such forms, at such times, and containing such information as the Secretary may prescribe by or pursuant to regulation.

(b) Authority regarding comprehensive insurance coverage

(1) In general

In lieu of requiring a separate insurance application and issuing a separate certificate of insurance for each loan made by an eligible lender as provided in subsection (a) of this section, the Secretary may, in accordance with regulations consistent with section 292a of this title, issue to any eligible lender applying therefor a certificate of comprehensive insurance coverage which shall, without further action by the Secretary, insure all insurable loans made by that lender, on or after the date of the certificate and before a specified cutoff date, within the limits of an aggregate maximum amount stated in the certificate. Such regulations may provide for conditioning such insurance, with respect to any loan, upon compliance by the lender with such requirements (to be stated or incorporated by reference in the certificate) as in the Secretary's judgment will best achieve the purpose of this subsection while protecting the financial interest of the United States and promoting the objectives of this subpart, including (but not limited to) provisions as to the reporting of such loans and information relevant thereto to the Secretary and as to the payment of initial and other premiums and the effect of default therein, and including provision for confirmation by the Secretary from time

to time (through endorsement of the certificate) of the coverage of specific new loans by such certificate, which confirmation shall be incontestable by the Secretary in the absence of fraud or misrepresentation of fact or patent error.

(2) Lines of credit beyond cutoff date

If the holder of a certificate of comprehensive insurance coverage issued under this subsection grants to a borrower a line of credit extending beyond the cutoff date specified in that certificate, loans or payments thereon made by the holder after that date pursuant to the line of credit shall not be deemed to be included in the coverage of that certificate except as may be specifically provided therein; but, subject to the limitations of section 292a of this title, the Secretary may, in accordance with regulations, make commitments to insure such future loans or payments, and such commitments may be honored either as provided in subsection (a) of this section or by inclusion of such insurance in comprehensive coverage under this subsection for the period or periods in which such future loans or payments are made.

(c) Assignment of insurance rights

The rights of an eligible lender arising under insurance evidenced by a certificate of insurance issued to it under this section may be assigned by such lender, subject to regulation by the Secretary, only to—

(1) another eligible lender (including a public entity in the business of purchasing student loans); or

(2) the Student Loan Marketing Association.

(d) Effect of refinancing or consolidation of obligations

The consolidation of the obligations of two or more federally insured loans obtained by a borrower in any fiscal year into a single obligation evidenced by a single instrument of indebtedness or the refinancing of a single loan shall not affect the insurance by the United States. If the loans thus consolidated are covered by separate certificates of insurance issued under subsection (a) of this section, the Secretary may upon surrender of the original certificates issue a new certificate of insurance in accordance with that subsection upon the consolidated obligation. If the loans thus consolidated are covered by a single comprehensive certificate issued under subsection (b) of this section, the Secretary may amend that certificate accordingly.

(e) Rule of construction regarding consolidation of debts and refinancing

Nothing in this section shall be construed to preclude the lender and the borrower, by mutual agreement, from consolidating all of the borrower's loans insured under this subpart into a single instrument (or, if the borrower obtained only 1 loan insured under this subpart, refinancing the loan 1 time) under the terms applicable to an insured loan made at the same time as the consolidation. The lender or loan holder should provide full information to the borrower concerning the advantages and disadvantages of loan consolidation. Nothing in this section shall be construed to preclude the consolidation of refinancing of the borrower's loans insured under this subpart under section 1078–3 of Title 20. Any loans insured pursuant to this subpart that are consolidated under section 1078–3 of Title 20 shall not be eligible for special allowance payments under section 1087–1 of Title 20.

(July 1, 1944, c. 373, Title VII, § 706, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2000, and amended Nov. 13, 1998, Pub.L. 105–392, Title I, § 145, 112 Stat. 3581.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

Amendments

1998 Amendments. Subsec. (d). Pub.L. 105–392, § 145(1), in the heading, struck "consolidation" and inserted "refinancing or consolidation"; and in text, struck "indebtedness" and inserted "indebtedness or the refinancing of a single loan".

Subsec. (e). Pub.L. 105–392, § 145(2), in the heading, struck "debts" and inserted "debts and refinancing"; and struck "all of the borrower's debts into a single instrument" and inserted "all of the borrower's loans insured under this subpart into a single instrument (or, if the borrower obtained only 1 loan insured under this subpart, refinancing the loan 1 time)"; and substituted "consolidation or refinancing" for "consolidation"

following "advantages and disadvantages of loan".

Effective and Applicability Provisions

1992 Acts. Section effective Oct. 13, 1992, see section 103 of Pub.L. 102–408, set out as a note under section 292 of this title.

Prior Provisions

A prior section 292e, Act July 1, 1944, c. 373, Title VII, § 705, as added Oct. 12, 1976, Pub.L. 94–484, Title II, § 204, 90 Stat. 2248, and amended Nov. 9, 1978, Pub.L. 95–623, § 11(f), 92 Stat. 3456; Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2718, 95 Stat. 914, provided for the establishment and maintenance of records by entities receiving grants, or entering into contracts, for training health personnel and the conduct of annual financial audits, prior to the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Another prior section 292e, Act July 1, 1944, c. 373, Title VII, § 706, as added July 30, 1956, c. 779, § 2, 70 Stat. 719, and amended Oct. 5, 1961, Pub.L. 87–395, § 8(c), (d), 75 Stat. 827; Sept. 24, 1963, Pub.L. 88–129, § 2(a), 77 Stat. 164; Aug. 16, 1968, Pub.L. 90–490, Title IV, § 402, 82 Stat. 789; Nov. 18, 1971, Pub.L. 92–157, Title I, § 102(k)(2)(A), (B), 85 Stat. 437, limited amount of grant available for construction of health research facilities, including provisions relating to its maximum, reservation of amount, manner of payment, and exclusion of amounts granted by certain other funds, and was repealed by Pub.L. 94–484, Title II, § 201(a), Oct. 12, 1976, 90 Stat. 2246.

A prior section 706 of Act July 1, 1944, which was classified to section 230 of this title, was repealed by Act Apr. 27, 1956, c. 211, § 5(e), 70 Stat. 117.

§ 292f. Default of borrower

(a) Conditions for payment to beneficiary

(1) In general

Upon default by the borrower on any loan covered by Federal loan insurance pursuant to this subpart, and after a substantial collection effort (including, subject to subsection (h) of this section, commencement and prosecution of an action) as determined under regulations of the Secretary, the insurance beneficiary shall promptly notify the Secretary and the Secretary shall, if requested (at that time or after further collection efforts) by the beneficiary, or may on his own motion, if the insurance is still in effect, pay to the beneficiary the amount of the loss sustained by the insured upon that loan as soon as that amount has been determined, except that, if the insurance beneficiary including any servicer of the loan is not designated for "exceptional performance", as set forth in paragraph (2), the Secretary shall pay to the beneficiary a sum equal to 98 percent of the amount of the loss sustained by the insured upon that loan.

(2) Exceptional performance

(A) Authority

Where the Secretary determines that an eligible lender, holder, or servicer has a compliance performance rating that equals or exceeds 97 percent, the Secretary shall designate that eligible lender, holder, or servicer, as the case may be, for exceptional performance.

(B) Compliance performance rating

For purposes of subparagraph (A), a compliance performance rating is determined with respect to compliance with due diligence in the disbursement, servicing, and collection of loans under this subpart for each year for which the determination is made. Such rating shall be equal to the percentage of all due diligence requirements applicable to each loan, on average, as established by the Secretary, with respect to loans serviced during the period by the eligible lender, holder, or servicer.

(C) Annual audits for lenders, holders, and servicers

Each eligible lender, holder, or servicer desiring a designation under subparagraph (A) shall have an annual financial and compliance audit conducted with respect to the loan portfolio of such eligible lender, holder, or servicer, by a qualified independent organization from a list of qualified organizations identified by the Secretary and in accordance with standards established by the Secretary. The standards shall measure the lender's, holder's, or servicer's compliance with due diligence standards and shall include a defined statistical sampling technique designed to measure the performance rating of the eligible lender, holder, or servicer for the purpose of this section. Each eligible lender,

holder, or servicer shall submit the audit required by this section to the Secretary.

(D) Secretary's determinations

The Secretary shall make the determination under subparagraph (A) based upon the audits submitted under this paragraph and any information in the possession of the Secretary or submitted by any other agency or office of the Federal Government.

(E) Quarterly compliance audit

To maintain its status as an exceptional performer, the lender, holder, or servicer shall undergo a quarterly compliance audit at the end of each quarter (other than the quarter in which status as an exceptional performer is established through a financial and compliance audit, as described in subparagraph (C)), and submit the results of such audit to the Secretary. The compliance audit shall review compliance with due diligence requirements for the period beginning on the day after the ending date of the previous audit, in accordance with standards determined by the Secretary.

(F) Revocation authority

The Secretary shall revoke the designation of a lender, holder, or servicer under subparagraph (A) if any quarterly audit required under subparagraph (E) is not received by the Secretary by the date established by the Secretary or if the audit indicates the lender, holder, or servicer has failed to meet the standards for designation as an exceptional performer under subparagraph (A). A lender, holder, or servicer receiving a compliance audit not meeting the standard for designation as an exceptional performer may reapply for designation under subparagraph (A) at any time.

(G) Documentation

Nothing in this section shall restrict or limit the authority of the Secretary to require the submission of claims documentation evidencing servicing performed on loans, except that the Secretary may not require exceptional performers to submit greater documentation than that required for lenders, holders, and servicers not designated under subparagraph (A).

(H) Cost of audits

Each eligible lender, holder, or servicer shall pay for all the costs associated with the audits required under this section.

(I) Additional revocation authority

Notwithstanding any other provision of this section, a designation under subparagraph (A) may be revoked at any time by the Secretary if the Secretary determines that the eligible lender, holder, or servicer has failed to maintain an overall level of compliance consistent with the audit submitted by the eligible lender, holder, or servicer under this paragraph or if the Secretary asserts that the lender, holder, or servicer may have engaged in fraud in securing designation under subparagraph (A) or is failing to service loans in accordance with program requirements.

(J) Noncompliance

A lender, holder, or servicer designated under subparagraph (A) that fails to service loans or otherwise comply with applicable program regulations shall be considered in violation of the Federal False Claims Act.

(b) Subrogation

Upon payment by the Secretary of the amount of the loss pursuant to subsection (a) of this section, the United States shall be subrogated for all of the rights of the holder of the obligation upon the insured loan and shall be entitled to an assignment of the note or other evidence of the insured loan by the insurance beneficiary. If the net recovery made by the Secretary on a loan after deduction of the cost of that recovery (including reasonable administrative costs) exceeds the amount of the loss, the excess shall be paid

over to the insured. The Secretary may sell without recourse to eligible lenders (or other entities that the Secretary determines are capable of dealing in such loans) notes or other evidence of loans received through assignment under the first sentence.

(c) Forbearance

Nothing in this section or in this subpart shall be construed to preclude any forbearance for the benefit of the borrower which may be agreed upon by the parties to the insured loan and approved by the Secretary or to preclude forbearance by the Secretary in the enforcement of the insured obligation after payment on that insurance.

(d) Reasonable care and diligence regarding loans

Nothing in this section or in this subpart shall be construed to excuse the eligible lender or holder of a federally insured loan from exercising reasonable care and diligence in the making of loans under the provisions of this subpart and from exercising a substantial effort in the collection of loans under the provisions of this subpart. If the Secretary, after reasonable notice and opportunity for hearing to an eligible lender, finds that the lender has failed to exercise such care and diligence, to exercise such substantial efforts, to make the reports and statements required under section 292e(a)(3) of this title, or to pay the required Federal loan insurance premiums, he shall disqualify that lender from obtaining further Federal insurance on loans granted pursuant to this subpart until he is satisfied that its failure has ceased and finds that there is reasonable assurance that the lender will in the future exercise necessary care and diligence, exercise substantial effort, or comply with such requirements, as the case may be.

(e) Definitions

For purposes of this section:

(1) The term "insurance beneficiary" means the insured or its authorized assignee in accordance with section 292e(c) of this title.

(2) The term "amount of the loss" means, with respect to a loan, unpaid balance of the principal amount and interest on such loan, less the amount of any judgment collected pursuant to default proceedings commenced by the eligible lender or holder involved.

(3) The term "default" includes only such defaults as have existed for 120 days.

(4) The term "servicer" means any agency acting on behalf of the insurance beneficiary.

(f) Reductions in Federal reimbursements or payments for defaulting borrowers

The Secretary shall, after notice and opportunity for a hearing, cause to be reduced Federal reimbursements or payments for health services under any Federal law to borrowers who are practicing their professions and have defaulted on their loans insured under this subpart in amounts up to the remaining balance of such loans. Procedures for reduction of payments under the medicare program are provided under section 1395ccc of this title. Notwithstanding such section 1395ccc of this title, any funds recovered under this subsection shall be deposited in the insurance fund established under section 292i of this title.

(g) Conditions for discharge of debt in bankruptcy

Notwithstanding any other provision of Federal or State law, a debt that is a loan insured under the authority of this subpart may be released by a discharge in bankruptcy under any chapter of Title 11, only if such discharge is granted—

(1) after the expiration of the seven-year period beginning on the first date when repayment of such loan is required, exclusive of any period after such date in which the obligation to pay installments on the loan is suspended;

(2) upon a finding by the Bankruptcy Court that the nondischarge of such debt would be unconscionable; and

(3) upon the condition that the Secretary shall not have waived the Secretary's rights to apply subsection (f) of this section to the borrower and the discharged debt.

(h) Requirement regarding actions for default

(1) In general

With respect to the default by a borrower on any loan covered by Federal loan insurance under this subpart, the Secretary shall, under subsection (a) of this section, require an eligible lender or holder to commence and prosecute an action for such default unless—

(A) in the determination of the Secretary—

(i) the eligible lender or holder has made reasonable efforts to serve process on the borrower involved and has been unsuccessful with respect to such efforts, or

(ii) prosecution of such an action would be fruitless because of the financial or other circumstances of the borrower;

(B) for such loans made before November 4, 1988, the loan involved was made in an amount of less than $5,000; or

(C) for such loans made after such date, the loan involved was made in an amount of less than $2,500.

(2) Relationship to claim for payment

With respect to an eligible lender or holder that has commenced an action pursuant to subsection (a) of this section, the Secretary shall make the payment required in such subsection, or deny the claim for such payment, not later than 60 days after the date on which the Secretary determines that the lender or holder has made reasonable efforts to secure a judgment and collect on the judgment entered into pursuant to this subsection.

(3) State court judgments

With respect to any State court judgment that is obtained by a lender or holder against a borrower for default on a loan insured under this subpart and that is subrogated to the United States under subsection (b) of this section, any United States attorney may register such judgment with the Federal courts for enforcement.

(i) Inapplicability of Federal and State statute of limitations on actions for loan collection

Notwithstanding any other provision of Federal or State law, there shall be no limitation on the period within which suit may be filed, a judgment may be enforced, or an offset, garnishment, or other action may be initiated or taken by the Secretary, the Attorney General, or other administrative head of another Federal agency, as the case may be, for the repayment of the amount due from a borrower on a loan made under this subpart that has been assigned to the Secretary under subsection (b) of this section.

(j) School collection assistance

An institution or post-graduate training program attended by a borrower may assist in the collection of any loan of that borrower made under this subpart which becomes delinquent, including providing information concerning the borrower to the Secretary and to past and present lenders and holders of the borrower's loans, contacting the borrower in order to encourage repayment, and withholding services in accordance with regulations issued by the Secretary under section 292n(a)(7) of this title. The institution or postgraduate training program shall not be subject to 1692g of Title 15 for purposes of carrying out activities authorized by this section.

(July 1, 1944, c. 373, Title VII, § 707, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2002, and amended June 10, 1993, Pub.L. 103–43, Title XX, § 2014(a)(2), 107 Stat. 215; Nov. 13, 1998, Pub.L. 105–392, Title I, §§ 142(a), (b), 144(a), 112 Stat. 3579, 3581.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

References in Text

The Federal False Claims Act referred to in subsec. (a)(1)(J) is Act Mar. 2, 1863, ch. 67, 12 Stat. 698, which was repealed in the general revision of Title 31. The Provisions are now contained in sections 3729 to 3731 of Revised Title 31.

Amendments

1998 Amendments. Subsec. (a). Pub.L. 105–392, § 142(a), rewrote subsec. (a) which formerly read: "Upon default by the borrower on any loan covered by Federal loan insurance pursuant to this subpart, and after a substantial collection effort (including, subject to subsection (h) of this section, commencement and prosecution of an action) as determined under regulations of the Secretary, the insurance beneficiary shall promptly notify the Secretary and the Secretary shall, if requested (at that time or after further collection efforts) by the beneficiary, or may on his own motion, if the insurance is still in effect, pay to the beneficiary the amount of the loss sustained by the insured upon that loan as soon as that amount has been determined. Not later than one year after October 13, 1992, the Secretary shall establish performance standards for lenders and holders of loans under this subpart, including fees to be imposed for failing to meet such standards."

Subsec. (e)(4). Pub.L. 105–392, § 142(b), added par. (4)

Subsec. (g). Pub.L. 105–392, § 144(a), struck "A debt which is a loan insured" and inserted "Notwithstanding any other provision of Federal or State law, a debt that is a loan insured".

1993 Amendments. Subsec. (g)(1). Pub.L. 103–43, § 2014(a)(2)(A), substituted "seven-year period beginning on the first day when repayment of such loan is required, exclusive of any period after such date in which the obligation to pay installments on the loan is suspended" for "five-year period beginning on the first date, as specified in subparagraphs (B) and (C) of section 292d(a)(2) of this title, when repayment of such loan is required".

Subsec. (j). Pub.L. 103–43, § 2014(a)(2)(B), added subsec. (j).

Effective and Applicability Provisions

1998 Acts. Section 144(b) of Pub.L. 105–392 provided that:

"The amendment made by subsection (a) [amending subsec. (g) of this section] shall apply to any loan insured under the authority of subpart I of part A of title VII of the Public Health Service Act (42 U.S.C. 292 et seq.) that is listed or scheduled by the debtor in a case under title XI, United States Code, filed—

"(1) on or after the date of enactment of this Act [Nov. 13, 1998]; or

"(2) prior to such date of enactment in which a discharge has not been granted."

Section 142(c) of Pub.L. 105–392 provided that: "The amendments made by subsections (a) and (b) [amending subsecs. (a)(1), (a)(2), and (e)(4) of this section] shall apply with respect to loans submitted to the Secretary for payment on or after the first day of the sixth month that begins after the date of enactment of this Act [Nov. 13, 1998]."

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

1992 Acts. Section effective Oct. 13, 1992, see section 103 of Pub.L. 102–408, set out as a note under section 292 of this title.

Prior Provisions

A prior section 292f, Act July 1, 1944, c. 373, Title VII, § 706, as added Oct. 12, 1976, Pub.L. 94–484, Title II, § 204, 90 Stat. 2249, provided that contracts authorized by prior subchapter V could be entered without regard to section 3324(a) and (b) of Title 31, Money and Finance, and section 5 of Title 41, Public Contracts, prior to the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Another prior section 292f, Act July 1, 1944, c. 373, Title VII, § 707, as added July 30, 1956, c. 779, § 2, 70 Stat. 720, and amended Oct. 5, 1961, Pub.L. 87–395, § 8(d), 75 Stat. 827; Sept. 24, 1963, Pub.L. 88–129, § 2(a), 77 Stat. 164; Nov. 18, 1971, Pub.L. 92–157, Title I, § 102(k)(2)(A), 85 Stat. 437, provided for recapture of payments relating to grants for construction of health research facilities, and was repealed by Pub.L. 94–484, Title II, § 201(a), Oct. 12, 1976, 90 Stat. 2246.

LIBRARY REFERENCES

American Digest System

Debts and liabilities discharged by bankruptcy; hardship for educational loans, see Bankruptcy ⟹3351.10(1).

Debts and liabilities discharged by bankruptcy; time factor for educational loans, see Bankruptcy ⟹3351.5.

Encyclopedias

Bankruptcy; discharge of educational loans in general, see C.J.S. Bankruptcy § 334.

WESTLAW ELECTRONIC RESEARCH

Bankruptcy cases: 51k[add key number].

See, also, WESTLAW guide following the Explanation pages of this volume.

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½. Constitutionality

Considering the income of Chapter 7 debtor's nondebtor spouse in assessing the dischargeability of debtor's student loans did not constitute an equal protection violation; married status was not a suspect classification, and it was not irrational to consider the total picture of debtor's entire family in determining whether repayment of her non-Health Education Assistance Loans (HEAL) student loan obligations would impose an undue hardship or whether the nondischarge of her HEAL obligations would be unconscionable. In re Greco, Bkrtcy.E.D.Pa.2000, 251 B.R. 670.

Application of federal statute specifically addressing dischargeability of health profession loans, rather than nondischargeability provision of Bankruptcy Code applicable to student loans in general to determine whether Health Education Assistance Loan (HEAL) obligation of Chapter 7 debtor was dischargeable did not deprive debtor of any protected "property interest" in violation of Fifth Amendment due process clause on ground that federal statute was not in existence at time debtor entered in HEAL obligation; there existed no property right in right to bankruptcy discharge provision of contract, and such discharge in bankruptcy was statutory privilege granted by Congress. U.S. v. Rice, N.D.Ohio 1994, 182 B.R. 759, affirmed 78 F.3d 1144.

¾. Law governing

Chapter 7 debtor who had obtained a Health Education Assistance Loan (HEAL loan) at time when HEAL legislation contained only a five-year prohibition against discharge of such loans in bankruptcy did not have any "property right" in her ability to discharge her indebtedness five years after her repayment obligation began, such that HEAL legislation in effect when debtor's bankruptcy petition was filed, which prohibited discharge of HEAL loans for seven years after they first became due, could be applied to debtor without violating any rights protected by the Due Process Clause of the Fifth Amendment. In re Feuer, Bkrtcy.E.D.Pa.1996, 195 B.R. 866.

Statute in effect when debtor filed Chapter 13 petition, allowing discharge of health professional's student loan debt if five years had passed prior to discharge, governed dischargeability of debtor's loans, rather than subsequently enacted statute setting forth seven-year period; former statute was in effect during relevant period, promissory note contained similar language to former statute, and applying new statute would create manifest injustice to debtor. In re Nelson, Bkrtcy.S.D.Fla.1995, 183 B.R. 972.

Dischargeability of Health Education Assistance Loan (HEAL) obligation of Chapter 7 debtor-former medical student was governed by federal statute which specifically addressed health profession loans, not by provision of Bankruptcy Code relating to dischargeability of student loans in general. U.S. v. Rice, N.D.Ohio 1994, 182 B.R. 759, affirmed 78 F.3d 1144.

⅜. Purpose

Health Education Assistance Loan (HEAL) discharge provisions were enacted to prevent individuals who enter highly remunerative medical profession from discharging their loan obligations without truly extraordinary circumstances. In re Roy, Bkrtcy.D.N.H.1995, 189 B.R. 245.

Congress created "unconscionable" standard required for discharge of Health Education Assistance Loans (HEAL) to prevent borrower who obtains medical degree with HEAL loan and is on threshold of prestigious, high paying medical career, from easily discharging HEAL loan in bankruptcy. In re Nelson, Bkrtcy. S.D.Fla.1995, 183 B.R. 972.

1. Unconscionability condition for bankruptcy debt discharge

Former debtor could use his recently concluded Chapter 7 case as vehicle for seeking an "unconscionability" discharge of his obligations on loan extended under the Health Education Assistance Loan (HEAL) program, where events giving rise to alleged unconscionability occurred a relatively short time after debtor's Chapter 7 discharge. In re Lien, Bkrtcy.D.Alaska 1998, 224 B.R. 431.

Nondischarge of Chapter 7 debtor's Health Education Assistance Loans (HEAL) would not be unconscionable, where debtor was unwilling to make changes in her professional life in order to earn more income. In re Zierden-Landmesser, Bkrtcy.M.D.Pa.1997, 214 B.R. 300.

Denial of discharge for the more than $62,000 in Health Education Assistance Loans (HEAL) that debtor amassed in unsuccessful attempt to earn his medical degree would not be "unconscionable," notwithstanding government's two-year delay in attempting to collect on debtor's loans after it acquired loans from bank, where debtor was healthy 39-year-old with no physical, mental or psychological problems, and with college degree, who had been steadily employed since he left school at increasing wage; debtor was not prejudiced by government's delay, since debtor was well aware during this time that he had ongoing obligation to repay debt. In re Malloy, E.D.Va.1993, 155 B.R. 940, affirmed 23 F.3d 402.

1a. Date loan became due

Despite forbearances granted by lender, promissory notes provided first payment due date for Chapter 13 debtor's Health Education Assistance Loans (HEAL), for purposes of determining whether five-year period had elapsed prior to debtor's bankruptcy discharge; although missing first payment, debtor made second payment before requesting forbearance, and lender gratuitously elected to retroactively apply forbearance back to first payment due date. In re Nelson, Bkrtcy.S.D.Fla.1995, 183 B.R. 972.

2. Burden of proof

Imposition of unconscionability standard for discharge of health education assistance loan (HEAL) obligations indicates that Congress intended to place burden on debtor to prove entitlement to discharge; moreover, under strict nature of this standard, burden is heavy. In re Rice, C.A.6 (Ohio) 1996, 78 F.3d 1144.

Party seeking nondischargeability of Health Education Assistance Loan (HEAL) has burden to prove that failure to enter such judgment would be unconscionable. In re Steuber, Bkrtcy.W.D.Mo.1996, 200 B.R. 31.

Debtor has burden of proving that it would be unconscionable to deny him a discharge of Health Education Assistance Loans (HEAL). In re Malloy, E.D.Va.1993, 155 B.R. 940, affirmed 23 F.3d 402.

3. Unconscionable circumstances—Generally

In employing term "unconscionable" in provision governing dischargeability of health education assistance loan (HEAL) obligations, Congress intended to adopt ordinary usage of term as "excessive or exorbitant," "lying outside limits of what is reasonable or acceptable," "shockingly unfair, harsh, or unjust," or "outrageous." In re Rice, C.A.6 (Ohio) 1996, 78 F.3d 1144.

Congress enacted the Health Education Assistance Loan (HEAL) provisions in separate Title 42 provisions intending to override the Bankruptcy Code provisions on discharge of student loan debt, in view of special nature and policy considerations relating to those educational loans for graduate education to medical and dental professionals. In re Cothran, Bkrtcy. E.D.Okla.1998, 226 B.R. 460.

In determining whether denying discharge of debtor's Health Education Assistance Loans (HEAL) would be "unconscionable," courts will generally look at all facts and circumstances of each case, and will specifically look at income, earning ability, health, accumulated wealth, dependents, if any, age, educational background, and professional degree. In re Nelson, Bkrtcy. S.D.Fla.1995, 183 B.R. 972.

"Unconscionable" circumstance, such as will permit discharge of debtor's liability on loan under the Health Education Assistance Loan (HEAL) program, must be one which is shockingly unfair, harsh or unjust, excessive, unreasonable, or outrageous, and only in the most exceptional case will bankruptcy court allow discharge of HEAL loan. In re Barrows, Bkrtcy. D.N.H.1994, 182 B.R. 640.

4. —— Undue hardship distinguished

"Unconscionable" standard for discharge of student loans insured by the federal government under the Health Education Assistance Loan (HEAL) program involves significantly higher burden than "undue hardship" standard for discharge of non-HEAL student loans. In re Pinkham, Bkrtcy.E.D.Mo.1998, 224 B.R. 728.

Unconscionability standard of provision governing discharge of Health Education Assistance Loans (HEAL) is significantly more stringent than undue hardship standard for discharge of educational loans under Bankruptcy Code. In re Zierden-Landmesser, Bkrtcy.M.D.Pa.1997, 214 B.R. 300.

As Chapter 7 debtor failed to satisfy Bankruptcy Code's undue hardship test for student loan discharge, it followed fortiori that he did not satisfy higher standard imposed by Health Education Assistance Loan (HEAL) program. In re Borrero, Bkrtcy.D.Conn.1997, 208 B.R. 792, affirmed.

Discharge of Health Education Assistance Loans (HEAL) is governed by statute relating to default on loans to health professionals, rather than by general Bankruptcy Code dischargeability provision for educational loans. In re Nelson, Bkrtcy.S.D.Fla.1995, 183 B.R. 972.

"Unconscionability" standard for discharge of loans granted under the Health Education Assistance Loan (HEAL) program is more strict than "undue hardship clause" standard for discharge of student loans in general. In re Barrows, Bkrtcy.D.N.H.1994, 182 B.R. 640.

5. —— Totality of circumstances

Bankruptcy courts should examine totality of facts and circumstances surrounding debtor and obligation to determine whether nondischarge of health education assistance loan (HEAL) obligations would be unconscionable. In re Rice, C.A.6 (Ohio) 1996, 78 F.3d 1144.

Under totality of the circumstances, failure to discharge Chapter 7 debtor's $150,000 Higher Education Assistance Loan (HEAL) obligation would be unconscionable; debtor, age 40, was employed as a dentist, earning the most she could using her degree and skills, $79,000 per year, debtor was at highest level of employer's pay scale and could only expect cost of living raises, debtor had exhaustively searched for higher-paying job without success, debtor had chronic, acute back pain which limited her work hours, debtor lived frugally in rented room with few possessions, debtor did not contribute to 401(k) plan, debtor had virtually no social life and could not afford to visit her family in Puerto Rico, debtor had devoted her post-dental school life to trying to repay her debts, at time of bankruptcy petition debtor was paying 36% of after-tax income to student loan agencies, debtor had repaid $28,675 of this debt, debt's original loan principal was $35,000, due to language barrier and lack of financial sophistication debtor did not understand what she was agreeing to when she obtained loan, and debtor had tried unsuccessfully to negotiate with lender. In re Soler, Bkrtcy.D.Minn.2001, 261 B.R. 444.

While debtor had only minimal disposable income, in amount of $61.25 per month, and while it was unlikely, unless debtor obtained additional

job, that his income would increase significantly over the coming years, debtor was still not entitled to discharge of his debt of well over $130,000 on Health Education Assistance Loans (HEAL), on theory that denial of discharge would be unconscionable, given lack of any explanation from debtor as to why he had not made even a single payment on HEAL debt, and given that debtor, while suffering from severe alcoholism, had made no voluntary attempt to obtain counseling or to stop drinking; because debtor did not appear to be willing to help himself, nondischarge of his HEAL loans was not shockingly unfair. In re Rodgers, Bkrtcy. S.D.Ohio 2000, 250 B.R. 883.

It would not be unconscionable to require Chapter 7 debtor to repay his Health Education Assistance Loan (HEAL) obligation and, thus, his debt was not discharged, where debtor's indebtedness to HEAL program for chiropractic school totaled approximately $132,886.79, debtor earned $40,000 per year as high school teacher and could supplement his earnings with seasonal employment, debtor had professional degree, debtor was 43 years old and his health was not less than average, and debtor supported wife and two children but did not argue that they were unable to contribute financially toward their support. In re Pinkham, Bkrtcy.E.D.Mo. 1998, 224 B.R. 728.

Mere fact that former Chapter 7 debtor may have voluntarily made some lifestyle changes that contributed to alleged unconscionability of denying him a discharge of his obligations on Health Education Assistance Loan (HEAL), in marrying woman whose medical condition had resulted in substantial postdischarge expenditures for debtor, did not preclude debtor from obtaining discharge of obligations on loan, where debtor had long-term relationship with woman in question, did not learn of extent of her medical condition until after they were married, and did not marry woman to attempt to orchestrate a finding of unconscionability. In re Lien, Bkrtcy.D.Alaska 1998, 224 B.R. 431.

In determining discharge of Health Education Assistance Loan (HEAL) for unconscionability, court looks at all facts and circumstances of individual case and examines income, earning ability, health, educational background, dependents, if any, age, accumulated wealth, and professional degree. In re Steuber, Bkrtcy. W.D.Mo.1996, 200 B.R. 31.

In deciding whether to permit discharge of loan granted under the Health Education Assistance Loan (HEAL) program, on ground that denial of discharge would be "unconscionable," bankruptcy court must consider totality of circumstances surrounding debtor and his or her debt obligation, including debtor's age, health, educational background, employment history, financial condition, earning power and current income. In re Barrows, Bkrtcy.D.N.H.1994, 182 B.R. 640.

6. —— Partial discharge

Bankruptcy court was only given power to determine whether Health Education Assistance Loan (HEAL) obligation was dischargeable and had no authority to grant partial discharge. In re Cothran, Bkrtcy.E.D.Okla.1998, 226 B.R. 460.

Whatever equitable jurisdiction bankruptcy court might have, under bankruptcy statute permitting it to enter any "necessary or appropriate" orders, to grant partial discharge of debtor's student loan debt, it was not appropriate for bankruptcy court to exercise that jurisdiction, in order to grant partial discharge of debtor's obligation on guaranteed student loans and loans granted under the Health Education Assistance Loan (HEAL) program, in Chapter 7 case in which debtor had not exhibited a good faith effort to come up with meaningful counterproposals to repayment plans tendered by creditors. In re Barrows, Bkrtcy.D.N.H.1994, 182 B.R. 640.

7. —— Reduction of obligation

Bankruptcy court exceeded its authority when, after making determination that nondischarge of Health Education Assistance Loan (HEAL) obligation of Chapter 7 debtor was not unconscionable, it nevertheless reduced amount of nondischargeable obligation from $60,526.92 to $27,500; inescapable conclusion, given strict standard for determining dischargeability of HEAL obligations is that nondischarge of HEAL obligation on ground that it is not unconscionable rendered entire amount nondischargeable. U.S. v. Rice, N.D.Ohio 1994, 182 B.R. 759, affirmed 78 F.3d 1144.

8. —— Repayment plans

Once bankruptcy court had determined nondischargeability of educational loans, it was not appropriate for bankruptcy court, in Chapter 7 case in which debtor's future income was not property of estate, to approve specific repayment plan for student loan debt and/or to retain jurisdiction to supervise judgment; rather, entry of any money judgment and any repayment terms would be left to affected parties in first instance and, if enforcement was required in appropriate court action, to court of competent jurisdiction as would have occurred had there been no bankruptcy. In re Barrows, Bkrtcy. D.N.H.1994, 182 B.R. 640.

9. Miscellaneous loans nondischargeable

Chapter 7 debtor failed to show that nondischarge of health education assistance loan (HEAL) obligations would be unconscionable, where debtor and his wife held advanced degrees and stable employment, family was in good health, grossed $60,253.32 annually and had little debt with exception of educational loans, repayment of HEAL debt would not force debtor to live below poverty level, debtor did not show that he had attempted to minimize standard of living, debtor's income was likely to increase in future, and substantial amount of debt was due to failure to make minimal repayments. In re Rice, C.A.6 (Ohio) 1996, 78 F.3d 1144.

Nondischarge of Chapter 7 debtor's Higher Education Assistance Loan (HEAL) obligation of approximately $80,000, owed to the United States, would not be unconscionable; debtor was employed as a dentist and earned $79,000 per year, debtor's monthly payments on this loan were $662.75 at the time of filing her bankruptcy petition, interest was accruing at the rate of about $529 per month, debtor would have repaid

this loan in about 22 years had she continued at her prepetition scheduled payment and interest rate, and, given that two other student loans would be included in debtor's discharge, it was likely that debtor could repay this debt in full within her working lifetime without such repayment being unconscionable. In re Soler, Bkrtcy. D.Minn.2001, 261 B.R. 444.

Nondischarge of Chapter 7 debtor-chiropractor's Health Education Assistance Loan (HEAL) obligations would not be unconscionable, and so HEAL loans were nondischargeable, where income for debtor's family of four was above the poverty guidelines, debtor was only age 50, debtor benefitted from HEAL loans but, instead of using his income to repay them, he borrowed $65,000 to build a 4,000–square–foot house, and although debtor had some health problems, they did not prevent him from earning two degrees and building house. In re Cothran, Bkrtcy. E.D.Okla.1998, 226 B.R. 460.

Even if bankruptcy court used *Roa–Moreno*'s unconscionability test, which represented a minority position, Chapter 7 debtor failed to show that it would be unconscionable to require him to repay his Health Education Assistance Loan (HEAL) obligation where debtor failed to demonstrate that his household was below poverty guidelines published by the Office of the Secretary of Health and Human Services. In re Pinkham, Bkrtcy.E.D.Mo.1998, 224 B.R. 728.

It would not be unconscionable to deny discharge of Chapter 7 debtor's Health Education Assistance Loans (HEAL); debtor was employable, had earning potential, and was not prevented by health problems from obtaining employment, and debtor's credibility was questionable. In re Steuber, Bkrtcy.W.D.Mo.1996, 200 B.R. 31.

Nondischarge of Health Education Assistance Loan (HEAL) obligation of Chapter 7 debtor-former medical student would not be "unconscionable," as required under federal statute specifically addressing dischargeability of health profession loans, where debtor was 39 years old and currently employed by public school as teacher earning $2,937.78 per month, his wife was employed at a salary of $2,083.33 per month, and they had three children, none of them had any major health problems, they had some equity in modest home and owned a 1976 automobile. U.S. v. Rice, N.D.Ohio 1994, 182 B.R. 759, affirmed 78 F.3d 1144.

Denial of discharge of the more than $180,000 in loans obtained by dentist under the Health Education Assistance Loan (HEAL) program would not be "unconscionable," notwithstanding dentist's arthritis and other health problems and fact that her dental practice had recently suffered financial reversals, where dentist's medical ailments were not so severe as to prevent her from functioning as dentist, financial reversals seemed to be temporary, and debtor was competent professional who owned her own dental practice, which clearly had promise as lucrative and growing business. In re Barrows, Bkrtcy. D.N.H.1994, 182 B.R. 640.

10. Miscellaneous loans dischargeable

It would be "unconscionable" to deny discharge of Chapter 13 debtor's Health Education Assistance Loans (HEAL), where debtor was dismissed from medical school seven years previously following nervous breakdown, her income in those seven years was minimal, her future earning ability was limited, her coping and decision-making skills were minimal, prognosis given by debtor's psychiatrist was for limited future improvement and continual dependence on others, and debtor's ten year old bachelor degree in microbiology was without value to her without medical degree. In re Nelson, Bkrtcy.S.D.Fla.1995, 183 B.R. 972.

11. Tolling of limitations period

Forbearance agreements do not toll or otherwise extend time period specified in former statute providing that Health Education Assistance Loans (HEAL) may be discharged if five-year period has elapsed between first payment due date on loan and date of discharge; if Congress had intended forbearances to toll time for discharge, it would have so specified by using plain language of new statute, with seven-year period, which replaced former statute. In re Nelson, Bkrtcy.S.D.Fla.1995, 183 B.R. 972.

§ 292g. Risk-based premiums

(a) Authority

With respect to a loan made under this subpart on or after January 1, 1993, the Secretary, in accordance with subsection (b) of this section, shall assess a risk-based premium on an eligible borrower and, if required under this section, an eligible institution that is based on the default rate of the eligible institution involved (as defined in section 292*o* of this title).

(b) Assessment of premium

Except as provided in subsection (d)(2) of this section, the risk-based premium to be assessed under subsection (a) of this section shall be as follows:

(1) Low-risk rate

With respect to an eligible borrower seeking to obtain a loan for attendance at an eligible institution that has a default rate of not to exceed five percent, such borrower shall be assessed a risk-based premium in an amount equal to 6 percent of the principal amount of the loan.

(2) **Medium-risk rate**

(A) **In general**

With respect to an eligible borrower seeking to obtain a loan for attendance at an eligible institution that has a default rate of in excess of five percent but not to exceed 10 percent—

(i) such borrower shall be assessed a risk-based premium in an amount equal to 8 percent of the principal amount of the loan; and

(ii) such institution shall be assessed a risk-based premium in an amount equal to 5 percent of the principal amount of the loan.

(B) **Default management plan**

An institution of the type described in subparagraph (A) shall prepare and submit to the Secretary for approval, an annual default management plan, that shall specify the detailed short-term and long-term procedures that such institution will have in place to minimize defaults on loans to borrowers under this subpart. Under such plan the institution shall, among other measures, provide an exit interview to all borrowers that includes information concerning repayment schedules, loan deferments, forbearance, and the consequences of default.

(3) **High-risk rate**

(A) **In general**

With respect to an eligible borrower seeking to obtain a loan for attendance at an eligible institution that has a default rate of in excess of 10 percent but not to exceed 20 percent—

(i) such borrower shall be assessed a risk-based premium in an amount equal to 8 percent of the principal amount of the loan; and

(ii) such institution shall be assessed a risk-based premium in an amount equal to 10 percent of the principal amount of the loan.

(B) **Default management plan**

An institution of the type described in subparagraph (A) shall prepare and submit to the Secretary for approval a plan that meets the requirements of paragraph (2)(B).

(4) **Ineligibility**

An individual shall not be eligible to obtain a loan under this subpart for attendance at an institution that has a default rate in excess of 20 percent.

(c) **Reduction of risk-based premium**

Lenders shall reduce by 50 percent the risk-based premium to eligible borrowers if a credit worthy parent or other responsible party co-signs the loan note.

(d) **Administrative waivers**

(1) **Hearing**

The Secretary shall afford an institution not less than one hearing, and may consider mitigating circumstances, prior to making such institution ineligible for participation in the program under this subpart.

(2) **Exceptions**

In carrying out this section with respect to an institution, the Secretary may grant an institution a waiver of requirements of paragraphs (2) through (4) of subsection (b) of this section if the Secretary determines that the default rate for such institution is not an accurate indicator because the volume of the loans under this subpart made by such institution has been insufficient.

(3) **Transition for certain institutions**

During the 3-year period beginning on October 13, 1992—

(A) subsection (b)(4) of this section shall not apply with respect to any eligible institution that is a Historically Black College or University; and

(B) any such institution that has a default rate in excess of 20 percent, and any eligible borrower seeking a loan for attendance at the institution, shall be subject to subsection (b)(3) of this section to the same extent and in the same manner as eligible institutions and borrowers described in such subsection.

(e) Payoff to reduce risk category

An institution may pay off the outstanding principal and interest owed by the borrowers of such institution who have defaulted on loans made under this subpart in order to reduce the risk category of the institution.

(July 1, 1944, c. 373, Title VII, § 708, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2004.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

Effective and Applicability Provisions

1992 Acts. Section effective Jan. 1, 1993, and section 294e(c) of this title as in effect before such date to continue in effect in lieu of this section until such date, see section 103 of Pub.L. 102–408, set out as a note under section 292 of this title.

Prior Provisions

A prior section 292g, Act July 1, 1944, c. 373, Title VII, § 707, as added Oct. 12, 1976, Pub.L. 94–484, Title II, § 205, 90 Stat. 2249, and amended Aug. 1, 1977, Pub.L. 95–83, Title III, § 307(r), 91 Stat. 395, authorized the Secretary of Health and Human Services to delegate authority to administrators of central or regional offices of the Department of Health and Human Services, prior to the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Another prior section 292g, Act July 1, 1944, c. 373, Title VII, § 708, as added July 30, 1956, c. 779, § 2, 70 Stat. 720, and amended Oct. 5, 1961, Pub.L. 87–395, § 8(d), 75 Stat. 827; Sept. 24, 1963, Pub.L. 88–129, § 2(a), 77 Stat. 164, prohibited Federal interference with administration of institutions where grants made for construction of health research facilities and was repealed by Pub.L. 94–484, Title II, § 201(a), Oct. 12, 1976, 90 Stat. 2246.

§ 292h. Office for Health Education Assistance Loan Default Reduction

(a) Establishment

The Secretary shall establish, within the Division of Student Assistance of the Bureau of Health Professions, an office to be known as the Office for Health Education Assistance Loan Default Reduction (in this section referred to as the "Office").

(b) Purpose and functions

It shall be the purpose of the Office to achieve a reduction in the number and amounts of defaults on loans guaranteed under this subpart. In carrying out such purpose the Office shall—

(1) conduct analytical and evaluative studies concerning loans and loan defaults;

(2) carry out activities designed to reduce loan defaults;

(3) respond to special circumstances that may exist in the financial lending environment that may lead to loan defaults;

(4) coordinate with other Federal entities that are involved with student loan programs, including—

(A) with respect to the Department of Education, in the development of a single student loan application form, a single student loan deferment form, a single disability form, and a central student loan database; and

(B) with respect to the Department of Justice, in the recovery of payments from health professionals who have defaulted on loans guaranteed under this subpart; and

(5) provide technical assistance to borrowers, lenders, holders, and institutions concerning deferments and collection activities.

(6) Repealed. Pub.L. 195–392, Title I, § 141(b)(3), Nov. 13, 1998, 112 Stat. 3579.)

(c) Additional duties

In conjunction with the report submitted under subsection (b) of this section, the Office shall—

(1) compile, and publish in the Federal Register, a list of the borrowers who are in default under this subpart; and

(2) send the report and notices of default with respect to these borrowers to relevant Federal agencies and to schools, school associations, professional and specialty associations, State licensing boards, hospitals with which such borrowers may be associated, and any other relevant organizations.

(d) Allocation of funds for Office

In the case of amounts reserved under section 292i(a)(2)(B) of this title for obligation under this subsection, the Secretary may obligate the amounts for the purpose of administering the Office, including 7 full-time equivalent employment positions for such Office. With respect to such purpose, amounts made available under the preceding sentence are in addition to amounts made available to the Health Resources and Services Administration for program management for the fiscal year involved. With respect to such employment positions, the positions are in addition to the number of full-time equivalent employment positions that otherwise is authorized for the Department of Health and Human Services for the fiscal year involved.

(July 1, 1944, c. 373, Title VII, § 709, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2006; Nov. 13, 1998, and amended Pub.L. 195–392, Title I, § 141(b), 112 Stat. 3579.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

Amendments

1998 Amendments. Subsec. (b)(6). Pub.L. 105–392(b), struck par. (6) which formerly read:

"(6) prepare and submit a report not later than March 31, 1993, and annually, thereafter, to the Committee on Labor and Human Resources of the Senate and the Committee on Energy and Commerce of the House of Representatives concerning—

"(A) the default rates for each—

"(i) institution described in section 292*o*(1) of this title that is participating in the loan programs under this subpart;

"(ii) lender participating in the loan program under this subpart; and

"(iii) loan holder under this subpart;

"(B) the total amounts recovered pursuant to section 292f(b) of this title during the preceding fiscal year; and

"(C) a plan for improving the extent of such recoveries during the current fiscal year."

Effective and Applicability Provisions

1992 Acts. Section effective Oct. 13, 1992, see section 103 of Pub.L. 102–408, set out as a note under section 292 of this title.

Change of Name

Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.

Prior Provisions

A prior section 292h, Act July 1, 1944, c. 373, Title VII, § 708, as added Oct. 12, 1976, Pub.L. 94–484, Title II, § 206, 90 Stat. 2250, and amended Aug. 1, 1977, Pub.L. 95–83, Title III, § 307(a), 91 Stat. 389; Nov. 9, 1978, Pub.L. 95–623, § 12(a), 92 Stat. 3457; Dec. 11, 1980, Pub.L. 96–511, § 4(c), 94 Stat. 2826; Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2719, 95 Stat. 914; Oct. 22, 1985, Pub.L. 99–129, Title II, § 220(b), 99 Stat. 543; Nov. 4, 1988, Pub.L. 100–607, Title VI, §§ 616(c)(1), 626, 102 Stat. 3139, 3144; Nov. 18, 1988, Pub.L. 100–690, Title II, § 2615(a), 102 Stat. 4239; Aug. 16, 1989, Pub.L. 101–93, § 5(m), 103 Stat. 613, related to the collection, compilation and analyzation of health professions data, prior to the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Another prior section 292h, Act July 1, 1944, c. 373, Title VII, § 709, as added July 30, 1956, c. 779, § 2, 70 Stat. 720, and amended Sept. 24, 1963, Pub.L. 88–129, § 2(a), 77 Stat. 164; Nov. 18, 1971, Pub.L. 92–157, Title I, § 102(k)(2)(C), 85 Stat. 437, provided for issuance of general, administrative, and other regulations for implementation of grants for construction of health

research facilities, and was repealed by Pub.L. 94–484, Title II, § 201(a), Oct. 12, 1976, 90 Stat. 2246.

A prior section 709, Act July 1, 1944, c. 373, Title VII, as added Oct. 12, 1976, Pub.L. 94–484, Title II, § 207, 90 Stat. 2252, was classified to prior section 292i of this title and was repealed by Pub.L. 97–35, Title XXVII, § 2720(a), Aug. 13, 1981, 95 Stat. 915.

§ 292i. Insurance account

(a) In general

(1) Establishment

There is hereby established a student loan insurance account (in this section referred to as the "Account") which shall be available without fiscal year limitation to the Secretary for making payments in connection with the collection and default of loans insured under this subpart by the Secretary.

(2) Funding

(A) Except as provided in subparagraph (B), all amounts received by the Secretary as premium charges for insurance and as receipts, earnings, or proceeds derived from any claim or other assets acquired by the Secretary in connection with his operations under this subpart, and any other moneys, property, or assets derived by the Secretary from the operations of the Secretary in connection with this section, shall be deposited in the Account.

(B) With respect to amounts described in subparagraph (A) that are received by the Secretary for fiscal year 1993 and subsequent fiscal years, the Secretary may, before depositing such amounts in the Account, reserve from the amounts each such fiscal year not more than $1,000,000 for obligation under section 292h(d) of this title.

(3) Expenditures

All payments in connection with the default of loans insured by the Secretary under this subpart shall be paid from the Account.

(b) Contingent authority for issuance of notes or other obligations

If at any time the moneys in the Account are insufficient to make payments in connection with the collection or default of any loan insured by the Secretary under this subpart, the Secretary of the Treasury may lend the Account such amounts as may be necessary to make the payments involved, subject to the Federal Credit Reform Act of 1990 [42 U.S.C.A. § 661 et seq.].

(July 1, 1944, c. 373, Title VII, § 710, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2007, and amended Nov. 13, 1998, Pub.L. 105–392, Title I, § 143, 112 Stat. 3581.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275, and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

References in Text

The Federal Credit Reform Act of 1990, referred to in subsec. (b), is Title V of Pub.L. 93–344, as added Pub.L. 101–508, Title XIII, § 13201(a), Nov. 5, 1990, 104 Stat. 1388–610, which is classified generally to subchapter III (section 661 et seq.) of chapter 17A of Title 2, The Congress. For Complete classification of this Act to the Code, see Short Title of 1990 Amendment note set out under section 621 of Title 2 and Tables.

Amendments

1998 Amendments. Subsec. (a)(2)(B). Pub.L. 105–392, § 143, struck "any of the fiscal years 1993 through 1996" and inserted "fiscal year 1993 and subsequent fiscal years".

Effective and Applicability Provisions

1992 Acts. Section effective Oct. 13, 1992, see section 103 of Pub.L. 102–408, set out as a note under section 292 of this title.

Prior Provisions

A prior section 292i, Act July 1, 1944, c. 373, Title VII, § 709, as added Oct. 12, 1976, Pub.L. 94–484, Title II, § 207, 90 Stat. 2252, and amended Nov. 9, 1978, Pub.L. 95–623, § 12(b), 92 Stat. 3457, related to shared schedule residency training positions, and was repealed by Pub.L. 97–35, Title XXVII, § 2720(a), Aug. 13, 1981, 95 Stat. 915.

Another prior section 292i, Act July 1, 1944, c. 373, Title VII, § 710, as added July 30, 1956, c. 779, § 2, 70 Stat. 720, and amended Sept. 24, 1963, Pub.L. 88–129, § 2(a), 77 Stat. 164; Nov. 18, 1971, Pub.L. 92–157, Title I, § 102(k)(2)(A), 85 Stat. 437, related to preparation and submission of annual reports to the Congress through the President, including its contents, as to grants for construction of health research facili-

ties, and was repealed by Pub.L. 94–484, Title II, § 201(a), Oct. 12, 1976, 90 Stat. 2246.

A prior section 710, Act July 1, 1944, was renumbered section 709 by Pub.L. 97–35, Title XXVII, § 2720(b), Aug. 13, 1981, 95 Stat. 915, and was classified to prior section 292j of this title, prior to the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

§ 292j. Powers and responsibilities of Secretary

(a) In general

In the performance of, and with respect to, the functions, powers, and duties vested in the Secretary by this subpart, the Secretary is authorized as follows:

(1) To prescribe such regulations as may be necessary to carry out the purposes of this subpart.

(2) To sue and be sued in any district court of the United States. Such district courts shall have jurisdiction of civil actions arising under this subpart without regard to the amount in controversy, and any action instituted under this subsection by or against the Secretary shall survive notwithstanding any change in the person occupying the office of Secretary or any vacancy in that office. No attachment, injunction, garnishment, or other similar process, mesne or final, shall be issued against the Secretary or property under the control of the Secretary. Nothing herein shall be constructed to except litigation arising out of activities under this subpart from the application of sections 517 and 547 of Title 28.

(3) To include in any contract for Federal loan insurance such terms, conditions, and covenants relating to repayment of principal and payments of interest, relating to his obligations and rights and to those of eligible lenders, and borrowers in case of default, and relating to such other matters as the Secretary determines to be necessary to assure that the purposes of this subpart will be achieved. Any term, condition, and covenant made pursuant to this paragraph or any other provisions of this subpart may be modified by the Secretary if the Secretary determines that modification is necessary to protect the financial interest of the United States.

(4) Subject to the specific limitations in the subpart, to consent to the modification of any note or other instrument evidencing a loan which has been insured by him under this subpart (including modifications with respect to the rate of interest, time of payment of any installment of principal and interest or any portion thereof, or any other provision).

(5) To enforce, pay, compromise, waive, or release any right, title, claim, lien, or demand, however acquired, including any equity or any right or redemption.

(b) Annual budget; accounts

The Secretary shall, with respect to the financial operations arising by reason of this subpart—

(1) prepare annually and submit a budget program as provided for wholly owned Government corporations by the Government Corporation Control Act; and

(2) maintain with respect to insurance under this subpart an integral set of accounts.

(July 1, 1944, c. 373, Title VII, § 711, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2007.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

References in Text

The Government Corporation Control Act, referred to in subsec. (b), is Act Dec. 6, 1945, c. 557, 59 Stat. 597, as amended, which was classified to chapter 14 (section 841 et seq.) of former Title 31, and which was repealed by Pub.L. 97–258, § 5(b), Sept. 13, 1982, 96 Stat. 1068, and reenacted by the first section thereof as chapter 91 (section 9101 et seq.) of Title 31, Money and Finance.

Effective and Applicability Provisions

1992 Acts. Section effective Oct. 13, 1992, see section 103 of Pub.L. 102–408, set out as a note under section 292 of this title.

Prior Provisions

A prior section 292j, Act July 1, 1944, c. 373, Title VII, § 709, formerly § 710, as added Oct. 12, 1976, Pub.L. 94–484, Title II, § 208, 90 Stat. 2252, and renumbered § 709 and amended Aug. 13, 1981, Pub.L. 97–35, Title XXVII, §§ 2720(b), 2721, 95 Stat. 915; Oct. 22, 1985, Pub.L. 99–129, Title II, § 206, 99 Stat. 527, related to the payment of grants made under prior subchapter V, prior to the complete revision of this subchap-

ter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Another prior section 292j, Act July 1, 1944, c. 373, Title VII, § 711, as added Sept. 24, 1963, Pub.L. 88–129, § 3(b), 77 Stat. 173, and amended Nov. 18, 1971, Pub.L. 92–157, Title I, § 102(k)(2)(A), 85 Stat. 437, provided for technical assistance in connection with grants for construction of health research facilities, and was repealed by Pub.L. 94–484, Title II, § 201(a), Oct. 12, 1976, 90 Stat. 2246.

§ 292k. Participation by Federal credit unions in Federal, State, and private student loan insurance programs

Notwithstanding any other provision of law, Federal credit unions shall, pursuant to regulations of the Administrator of the National Credit Union Administration, have power to make insured loans to eligible students in accordance with the provisions of this subpart relating to Federal insured loans.

(July 1, 1944, c. 373, Title VII, § 712, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2008.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

Effective and Applicability Provisions

1992 Acts. Section effective Oct. 13, 1992, see section 103 of Pub.L. 102–408, set out as a note under section 292 of this title.

Prior Provisions

A prior section 292k, Act July 1, 1944, c. 373, Title VII, § 710, formerly § 711, as added Oct. 12, 1976, Pub.L. 94–484, Title II, § 209, 90 Stat. 2253, and renumbered § 710 and amended Aug. 13, 1981, Pub.L. 97–35, Title XXVII, §§ 2720(b), 2722, 95 Stat. 915, prohibited the Secretary from entering into contracts with, or making grants, loan guarantees, or interest subsidy payments to, schools or training centers charging differential tuition and fees to students receiving financial assistance from the Federal Government, prior to the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

§ 292*l*. Determination of eligible students

For purposes of determining eligible students under this part, in the case of a public school in a State that offers an accelerated, integrated program of study combining undergraduate premedical education and medical education leading to advanced entry, by contractual agreement, into an accredited four-year school of medicine which provides the remaining training leading to a degree of doctor of medicine, whenever in this part a provision refers to a student at a school of medicine, such reference shall include only a student enrolled in any of the last four years of such accelerated, integrated program of study.

(July 1, 1944, c. 373, Title VII, § 713, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2008.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

Effective and Applicability Provisions

1992 Acts. Section effective Oct. 13, 1992, see section 103 of Pub.L. 102–408, set out as a note under section 292 of this title

§ 292m. Repayment by Secretary of loans of deceased or disabled borrowers

If a borrower who has received a loan dies or becomes permanently and totally disabled (as determined in accordance with regulations of the Secretary), the Secretary shall discharge the borrower's liability on the loan by repaying the amount owed on the loan from the account established under section 292i of this title.

(July 1, 1944, c. 373, Title VII, § 714, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2008.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

Effective and Applicability Provisions

1992 Acts. Section effective Oct. 13, 1992, see section 103 of Pub.L. 102–408, set out as a note under section 292 of this title

§ 292n. Additional requirements for institutions and lenders

(a) In general

Notwithstanding any other provision of this subpart, the Secretary is authorized to prescribe such regulations as may be necessary to provide for—

(1) a fiscal audit of an eligible institution with regard to any funds obtained from a borrower who has received a loan insured under this subpart;

(2) the establishment of reasonable standards of financial responsibility and appropriate institutional capability for the administration by an eligible institution of a program of student financial aid with respect to funds obtained from a student who has received a loan insured under this subpart;

(3) the limitation, suspension, or termination of the eligibility under this subpart of any otherwise eligible institution, whenever the Secretary has determined, after notice and affording an opportunity for hearing, that such institution has violated or failed to carry out any regulation prescribed under this subpart;

(4) the collection of information from the borrower, lender, or eligible institution to assure compliance with the provisions of section 292d of this title;

(5) the assessing of tuition or fees to borrowers in amounts that are the same or less than the amount of tuition and fees assessed to nonborrowers;

(6) the submission, by the institution or the lender to the Office of Health Education Assistance Loan Default Reduction, of information concerning each loan made under this subpart, including the date when each such loan was originated, the date when each such loan is sold, the identity of the loan holder and information concerning a change in the borrower's status;

(7) the withholding of services, including academic transcripts, financial aid transcripts, and alumni services, by an institution from a borrower upon the default of such borrower of a loan under this subpart, except in case of a borrower who has filed for bankruptcy; and

(8) the offering, by the lender to the borrower, of a variety of repayment options, including fixed-rate, graduated repayment with negative amortization permitted, and income dependent payments for a limited period followed by level monthly payments.

(b) Recording by institution of information on students

The Secretary shall require an eligible institution to record, and make available to the lender and to the Secretary upon request, the name, address, postgraduate destination, and other reasonable identifying information for each student of such institution who has a loan insured under this subpart.

(c) Workshop for student borrowers

Each participating eligible institution must have, at the beginning of each academic year, a workshop concerning the provisions of this subpart that all student borrowers shall be required to attend.

(July 1, 1944, c. 373, Title VII, § 715, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2009.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

Effective and Applicability Provisions

1992 Acts. Section effective Oct. 13, 1992, see section 103 of Pub.L. 102–408, set out as a note under section 292 of this title

§ 292o. Definitions

For purposes of this subpart:

(1) The term "eligible institution" means, with respect to a fiscal year, a school of medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, podiatric medicine, pharmacy, public health, allied health, or chiropractic, or a graduate program in health administration or behavioral and mental health practice, including clinical psychology.

(2) The term "eligible lender" means an eligible institution that became a lender under this subpart prior to September 15, 1992, an agency or instrumentality of a State, a financial or credit institution (including an insurance company) which is subject to examination and supervision by an agency of the United States or of any State, a pension fund approved by the Secretary for this purpose, or a nonprofit private entity designated by the State, regulated by the State, and approved by the Secretary.

(3) The term "line of credit" means an arrangement or agreement between the lender and the borrower whereby a loan is paid out by the lender to the borrower in annual installments, or whereby the lender agrees to make, in addition to the initial loan, additional loans in subsequent years.

(4) The term "school of allied health" means a program in a school of allied health (as defined in section 295p of this title) which leads to a masters' degree or a doctoral degree.

(5)(A) The term "default rate", in the case of an eligible entity, means the percentage constituted by the ratio of—

(i) the principal amount of loans insured under this subpart—

(I) that are made with respect to the entity and that enter repayment status after April 7, 1987; and

(II) for which amounts have been paid under section 292f(a) of this title to insurance beneficiaries, exclusive of any loan for which amounts have been so paid as a result of the death or total and permanent disability of the borrower; exclusive of any loan for which the borrower begins payments to the Secretary on the loan pursuant to section 292f(b) of this title and maintains payments for 12 consecutive months in accordance with the agreement involved (with the loan subsequently being included or excluded, as the case may be, as amounts paid under section 292f(a) of this title according to whether further defaults occur and whether with respect to the default involved compliance with such requirement regarding 12 consecutive months occurs); and exclusive of any loan on which payments may not be recovered by reason of the obligation under the loan being discharged in bankruptcy under Title 11; to

(ii) the total principal amount of loans insured under this subpart that are made with respect to the entity and that enter repayment status after April 7, 1987.

(B) For purposes of subparagraph (A), a loan insured under this subpart shall be considered to have entered repayment status if the applicable period described in subparagraph (B) of section 292d(a)(2) of this title regarding the loan has expired (without regard to whether any period described in subparagraph (C) of such section is applicable regarding the loan).

(C) For purposes of subparagraph (A), the term "eligible entity" means an eligible institution, an eligible lender, or a holder, as the case may be.

(D) For purposes of subparagraph (A), a loan is made with respect to an eligible entity if—

(i) in the case of an eligible institution, the loan was made to students of the institution;

(ii) in the case of an eligible lender, the loan was made by the lender; and

(iii) in the case of a holder, the loan was purchased by the holder.

(July 1, 1944, c. 373, Title VII, § 719, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2009, and amended Nov. 13, 1998, Pub.L. 105–392, Title I, § 141(c)(2), 112 Stat. 3579.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

Amendments

1998 Amendments. Par. (1). Pub.L. 105–392, § 141(c)(2), struck "or clinical psychology" and inserted "or behavioral and mental health practice, including clinical psychology".

Effective and Applicability Provisions

1992 Acts. Section effective Oct. 13, 1992, see section 103 of Pub.L. 102–408, set out as a note under section 292 of this title

§ 292p. Authorization of appropriations

(a) In general

For fiscal year 1993 and subsequent fiscal years, there are authorized to be appropriated such sums as may be necessary for the adequacy of the student loan insurance account under this subpart and for the purpose of administering this subpart.

(b) Availability of sums

Sums appropriated under subsection (a) of this section shall remain available until expended.

(July 1, 1944, c. 373, Title VII, § 720, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2011.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

Effective and Applicability Provisions

1992 Acts. Section effective Oct. 13, 1992, see section 103 of Pub.L. 102–408, set out as a note under section 292 of this title

Subpart II—Federally-Supported Student Loan Funds

§ 292q. Agreements for operation of school loan funds

(a) Fund agreements

The Secretary is authorized to enter into an agreement for the establishment and operation of a student loan fund in accordance with this subpart with any public or other nonprofit school of medicine, osteopathic medicine, dentistry, pharmacy, podiatric medicine, optometry, or veterinary medicine.

(b) Requirements

Each agreement entered into under this section shall—

(1) provide for establishment of a student loan fund by the school;

(2) provide for deposit in the fund of—

(A) the Federal capital contributions to the fund;

(B) an amount equal to not less than one-ninth of such Federal capital contributions, contributed by such institution;

(C) collections of principal and interest on loans made from the fund;

(D) collections pursuant to section 292r(j) of this title; and

(E) any other earnings of the fund;

(3) provide that the fund shall be used only for loans to students of the school in accordance with the agreement and for costs of collection of such loans and interest thereon;

(4) provide that loans may be made from such funds only to students pursuing a full-time course of study at the school leading to a degree of doctor of medicine, doctor of dentistry or an equivalent degree, doctor of osteopathy, bachelor of science in pharmacy or an equivalent degree, doctor of pharmacy or an equivalent degree, doctor of podiatric medicine or an equivalent degree, doctor of optometry or an equivalent degree, or doctor of veterinary medicine or an equivalent degree;

(5) provide that the school shall advise, in writing, each applicant for a loan from the student loan fund of the provisions of section 292r of this title under which outstanding loans from the student loan fund may be paid (in whole or in part) by the Secretary; and

(6) contain such other provisions as are necessary to protect the financial interests of the United States.

(c) Failure of school to collect loans

(1) In general

Any standard established by the Secretary by regulation for the collection by schools of medicine, osteopathic medicine, dentistry, pharmacy, podiatric medicine, optometry, or veterinary medicine of loans made pursuant to loan agreements under this subpart shall provide that the failure of any such school to collect such loans shall be measured in accordance with this subsection. This subsection may not be construed to require such schools to reimburse the student loan fund under this subpart for loans that became uncollectible prior to August 1985 or to penalize such schools with respect to such loans.

(2) Extent of failure

The measurement of a school's failure to collect loans made under this subpart shall be the ratio (stated as a percentage) that the defaulted principal amount outstanding of such school bears to the matured loans of such school.

(3) Definitions

For purposes of this subsection:

(A) The term "default" means the failure of a borrower of a loan made under this subpart to—

(i) make an installment payment when due; or

(ii) comply with any other term of the promissory note for such loan,

except that a loan made under this subpart shall not be considered to be in default if the loan is discharged in bankruptcy or if the school reasonably concludes from written contracts with the borrower that the borrower intends to repay the loan.

(B) The term "defaulted principal amount outstanding" means the total amount borrowed from the loan fund of a school that has reached the repayment stage (minus any principal amount repaid or canceled) on loans—

(i) repayable monthly and in default for at least 120 days; and

(ii) repayable less frequently than monthly and in default for at least 180 days;

(C) The term "grace period" means the period of one year beginning on the date on which the borrower ceases to pursue a full-time course of study at a school of medicine, osteopathic medicine, dentistry, pharmacy, podiatric medicine, optometry, or veterinary medicine; and

(D) The term "matured loans" means the total principal amount of all loans made by a school under this subpart minus the total principal amount of loans made by such school to students who are—

(i) enrolled in a full-time course of study at such school; or

(ii) in their grace period.

(July 1, 1944, c. 373, Title VII, § 721, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2011.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

Effective and Applicability Provisions

1992 Acts. Section effective Oct. 13, 1992, see section 103 of Pub.L. 102–408, set out as a note under section 292 of this title

§ 292r. Loan provisions

(a) Amount of loan

(1) In general

Loans from a student loan fund (established under an agreement with a school under section 292q of this title) may not, subject to paragraph (2), exceed for any student for a school year (or its equivalent) the cost of attendance (including tuition, other reasonable educational expenses, and reasonable living costs) for that year at

the educational institution attended by the student (as determined by such educational institution).

(2) Third and fourth years of medical school

For purposes of paragraph (1), the amount of the loan may, in the case of the third or fourth year of a student at a school of medicine or osteopathic medicine, be increased to the extent necessary to pay the balances of loans that, from sources other than the student loan fund under section 292q of this title, were made to the individual for attendance at the school. The authority to make such an increase is subject to the school and the student agreeing that such amount (as increased) will be expended to pay such balances.

(b) Terms and conditions

Subject to section 292s of this title, any such loans shall be made on such terms and conditions as the school may determine, but may be made only to a student—

(1) who is in need of the amount thereof to pursue a full-time course of study at the school leading to a degree of doctor of medicine, doctor of dentistry or an equivalent degree, doctor of osteopathy, bachelor of science in pharmacy or an equivalent degree, doctor of pharmacy or an equivalent degree, doctor of podiatric medicine or an equivalent degree, doctor of optometry or an equivalent degree, or doctor of veterinary medicine or an equivalent degree; and

(2) who, if required under section 453 of the Appendix to Title 50 to present himself for and submit to registration under such section, has presented himself and submitted to registration under such section.

(3) Redesignated (2).

(c) Repayment; exclusions from repayment period

Such loans shall be repayable in equal or graduated periodic installments (with the right of the borrower to accelerate repayment) over the period of not less than 10 years nor more than 25 years, at the discretion of the institution, which begins one year after the student ceases to pursue a full-time course of study at a school of medicine, osteopathic medicine, dentistry, pharmacy, podiatry, optometry, or veterinary medicine, excluding from such period—

(1) all periods—

(A) not in excess of three years of active duty performed by the borrower as a member of a uniformed service;

(B) not in excess of three years during which the borrower serves as a volunteer under the Peace Corps Act [22 U.S.C.A. § 2501 et seq.];

(C) during which the borrower participates in advanced professional training, including internships and residencies; and

(D) during which the borrower is pursuing a full-time course of study at such a school; and

(2) a period—

(A) not in excess of two years during which a borrower who is a full-time student in such a school leaves the school, with the intent to return to such school as a full-time student, in order to engage in a full-time educational activity which is directly related to the health profession for which the borrower is preparing, as determined by the Secretary; or

(B) not in excess of two years during which a borrower who is a graduate of such a school is a participant in a fellowship training program or a full-time educational activity which—

(i) is directly related to the health profession for which such borrower prepared at such school, as determined by the Secretary; and

(ii) may be engaged in by the borrower during such a two-year period which begins within twelve months after the completion of the borrower's participation in advanced professional training described in paragraph (1)(C) or prior to the completion of such borrower's participation in such training.

(d) Cancellation of liability

The liability to repay the unpaid balance of such a loan and accrued interest thereon shall be canceled upon the death of the borrower, or if the Secretary determines that he has become permanently, and totally disabled.

(e) Rate of interest

Such loans shall bear interest, on the unpaid balance of the loan, computed only for periods for which the loan is repayable, at the rate of 5 percent per year.

(f) Security or endorsement

Loans shall be made under this subpart without security or endorsement, except that if the borrower is a minor and the note or other evidence of obligation executed by him would not, under the applicable law, create a binding obligation, either security or endorsement may be required.

(g) Transferring and assigning loans

No note or other evidence of a loan made under this subpart may be transferred or assigned by the school making the loan except that, if the borrowers transfer to another school participating in the program under this subpart, such note or other evidence of a loan may be transferred to such other school.

(h) Charge with respect to insurance for certain cancellations

Subject to regulations of the Secretary, a school may assess a charge with respect to loans made this subpart to cover the costs of insuring against cancellation of liability under subsection (d) of this section.

(i) Charge with respect to late payments

Subject to regulations of the Secretary, and in accordance with this section, a school shall assess a charge with respect to a loan made under this subpart for failure of the borrower to pay all or any part of an installment when it is due and, in the case of a borrower who is entitled to deferment of the loan under subsection (c) of this section, for any failure to file timely and satisfactory evidence of such entitlement. No such charge may be made if the payment of such installment or the filing of such evidence is made within 60 days after the date on which such installment or filing is due. The amount of any such charge may not exceed an amount equal to 6 percent of the amount of such installment. The school may elect to add the amount of any such charge to the principal amount of the loan as of the first day after the day on which such installment or evidence was due, or to make the amount of the charge payable to the school not later than the due date of the next installment after receipt by the borrower of notice of the assessment of the charge.

(j) Authority of schools regarding rate of payment

A school may provide, in accordance with regulations of the Secretary, that during the repayment period of a loan from a loan fund established pursuant to an agreement under this subpart payments of principal and interest by the borrower with respect to all the outstanding loans made to him from loan funds so established shall be at a rate equal to not less than $40 per month.

(k) Authority regarding repayments by Secretary

Upon application by a person who received, and is under an obligation to repay, any loan made to such person as a health professions student to enable him to study medicine, osteopathy, dentistry, veterinary medicine, optometry, pharmacy, or podiatry, the Secretary may undertake to repay (without liability to the applicant) all or any part of such loan, and any interest or portion thereof outstanding thereon, upon his determination, pursuant to regulations establishing criteria therefor, that the applicant—

(1) failed to complete such studies leading to his first professional degree;

(2) is in exceptionally needy circumstances;

(3) is from a low-income or disadvantaged family as those terms may be defined by such regulations; and

(4) has not resumed, or cannot reasonably be expected to resume, the study of medicine, osteopathy, dentistry, veterinary medicine, optometry, pharmacy, or podiatric medicine, within two years following the date upon which he terminated such studies.

(*l*) Collection efforts by Secretary

The Secretary is authorized to attempt to collect any loan which was made under this subpart, which is in default, and which was referred to the Secretary by a school with which the Secretary has an agreement under this subpart, on behalf of that school under such terms and conditions as the Secretary may prescribe (including reimbursement from the school's student loan fund for expenses the Secretary may reasonably incur in attempting collection), but only if the school has complied with such requirements as the Secretary may specify by regulation with respect to the collection of loans under this subpart. A loan so referred shall be treated as a debt subject to section 5514 of Title 5. Amounts collected shall be deposited in the school's student loan fund. Whenever the Secretary desires the institution of a civil action regarding any such loan, the Secretary shall refer the matter to the Attorney General for appropriate action.

(m) Elimination of statute of limitation for loan collections

(1) Purpose

It is the purpose of this subsection to ensure that obligations to repay loans under this section are enforced without regard to any Federal or State statutory, regulatory, or administrative limitation on the period within which debts may be enforced.

(2) Prohibition

Notwithstanding any other provision of Federal or State law, no limitation shall terminate the period within which suit may be filed, a judgment may be enforced, or an offset, garnishment, or other action may be initiated or taken by a school that has an agreement with the Secretary pursuant to section 292q of this title that is seeking the repayment of the amount due from a borrower on a loan made under this subpart after the default of the borrower on such loan.

(July 1, 1944, c. 373, Title VII, § 722, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2012, and amended June 10, 1993, Pub.L. 103–43, Title XX, § 2014(b), 107 Stat. 215; Nov. 13, 1998, Pub.L. 105–392, Title I, § 134(a), (b)(1), 112 Stat. 3577, 3578.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

References in Text

The Peace Corps Act, referred to in subsec. (c)(1)(B), is Pub.L. 87–293, Sept. 22, 1961, 75 Stat. 612, as amended, which is classified principally to chapter 34 (section 2501 et seq.) of Title 22, Foreign Relations and Intercourse. For complete classification of this Act to the Code, see Short Title note set out under section 2501 of Title 22 and Tables.

Amendments

1998 Amendments. Subsec. (a)(1). Pub.L. 105–392, § 134(a)(1), rewrote subsec. (a)(1) which formerly read:

"(1) **In general**

"Loans from a student loan fund (established under an agreement with a school under section 292q of this title) may not, subject to paragraph (2), exceed for any student for a school year (or its equivalent) the sum of—

"(A) the cost of tuition for such year at such school, and

"(B) $2,500."

Subsec. (a)(2). Pub.L. 105–392, § 134(a)(2), struck "the amount $2,500 may, in the case of the third or fourth year of a student at school of medicine or osteopathic medicine, be increased to the extent necessary (including such $2,500)" and inserted "the amount of the loan may, in the case of the third or fourth year of a student at a school of medicine or osteopathic medicine, be increased to the extent necessary".

Subsec. (c). Pub.L. 105–392, § 134(a)(3), in the subsec. heading struck "ten-year" and inserted "repayment"; struck "ten-year period which begins" and inserted "period of not less than 10 years nor more than 25 years, at the discretion of the institution, which begins"; and struck "such ten-year period" and inserted "such period".

Subsec. (j). Pub.L. 105–392, § 134(a)(4), struck "$15" and inserted "$40".

Subsec. (m). Pub.L. 105–392, § 134(b)(1), added subsec. (m).

1993 Amendments. Subsec. (a). Pub.L. 103–43, § 2014(b)(1), in the heading substituted "Amount of loan" for "Limitation of amount",

designated existing provision as par. (1), in par. (1) as so designated inserted ", subject to paragraph (2)," after "may not" , substituted "a school year" for "each school year", and redesignated pars. (1) and (2) as subpars. (A) and (B), respectively, and added par. (2).

Subsec. (b)(1). Pub.L. 103–43, § 2014(b)(2)(A), inserted "and" after the semicolon.

Subsec. (b)(2). Pub.L. 103–43, § 2014(b)(2)(B), (C), redesignated par. (3) as (2) and struck out former par. (2), which directed that a loan be made only to a student who, if pursuing a full-time course of study at the school leading to a degree of doctor of medicine or doctor of osteopathy, is of exceptional financial need.

Subsec. (b)(3). Pub.L. 103–43, § 2014(b)(2)(C), redesignated former par. (3) as (2).

Effective and Applicability Provisions

1998 Acts. Section 134(b)(2) of Pub.L. 105–392 provided that: "The amendment made by paragraph (1) [adding subsec. (m) of this section] shall be effective with respect to actions pending on or after the date of enactment of this Act [Nov. 13, 1998]."

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

1992 Acts. Section effective Oct. 13, 1992, see section 103 of Pub.L. 102–408, set out as a note under section 292 of this title

§ 292s. Medical schools and primary health care

(a) Requirements for students

(1) In general

Subject to the provisions of this subsection, in the case of student loan funds established under section 292q of this title by schools of medicine or osteopathic medicine, each agreement entered into under such section with such a school shall provide (in addition to the provisions required in subsection (b) of such section) that the school will make a loan from such fund to a student only if the student agrees—

(A) to enter and complete a residency training program in primary health care not later than 4 years after the date on which the student graduates from such school; and

(B) to practice in such care through the date on which the loan is repaid in full.

(2) Inapplicability to certain students

(A) The requirement established in paragraph (1) regarding the student loan fund of a school does not apply to a student if—

(i) the first loan to the student from such fund is made before July 1, 1993; or

(ii) the loan is made from—

(I) a Federal capital contribution under section 292q of this title that is made from amounts appropriated under section 292t(f) of this title (in this section referred to as an "exempt Federal capital contribution"); or

(II) a school contribution made under section 292q of this title pursuant to such a Federal capital contribution (in this section referred to as an "exempt school contribution").

(B) A Federal capital contribution under section 292q of this title may not be construed as being an exempt Federal capital contribution if the contribution was made from amounts appropriated before October 1, 1990. A school contribution under section 292q of this title may not be construed as being an exempt school contribution if the contribution was made pursuant to a Federal capital contribution under such section that was made from amounts appropriated before such date.

(3) Noncompliance by student

Each agreement entered into with a student pursuant to paragraph (1) shall provide that, if the student fails to comply with such agreement, the loan involved will begin to accrue interest at a rate of 18 percent per year beginning on the date of such noncompliance.

(4) Waivers

(A) With respect to the obligation of an individual under an agreement made under paragraph (1) as a student, the Secretary shall provide for the partial or total waiver or suspension of the obligation whenever compliance by the individual is

impossible, or would involve extreme hardship to the individual, and if enforcement of the obligation with respect to the individual would be unconscionable.

(B) For purposes of subparagraph (A), the obligation of an individual shall be waived if—

(i) the status of the individual as a student of the school involved is terminated before graduation from the school, whether voluntarily or involuntarily; and

(ii) the individual does not, after such termination, resume attendance at the school or begin attendance at any other school of medicine or osteopathic medicine.

(C) If an individual resumes or begins attendance for purposes of subparagraph (B), the obligation of the individual under the agreement under paragraph (1) shall be considered to have been suspended for the period in which the individual was not in attendance.

(D) This paragraph may not be construed as authorizing the waiver or suspension of the obligation of a student to repay, in accordance with section 292r of this title loans from student loan funds under section 292q of this title.

(b) Requirements for schools

(1) In general

Subject to the provisions of this subsection, in the case of student loan funds established under section 292q of this title by schools of medicine or osteopathic medicine, each agreement entered into under such section with such a school shall provide (in addition to the provisions required in subsection (b) of such section) that, for the 1-year period ending on June 30, 1997;[1] and for the 1-year period ending on June 30 of each subsequent fiscal year, the school will meet not less than 1 of the conditions described in paragraph (2) with respect to graduates of the school whose date of graduation from the school occurred approximately 4 years before the end of the 1-year period involved.

(2) Description of conditions

With respect to graduates described in paragraph (1) (in this paragraph referred to as "designated graduates"), the conditions referred to in such paragraph for a school for a 1-year period are as follows:

(A) Not less than 50 percent of designated graduates of the school meet the criterion of either being in a residency training program in primary health care, or being engaged in a practice in such care (having completed such a program).

(B) Not less than 25 percent of the designated graduates of the school meet such criterion, and such percentage is not less than 5 percentage points above the percentage of such graduates meeting such criterion for the preceding 1-year period.

(C) In the case of schools of medicine or osteopathic medicine with student loans funds under section 292q of this title, the school involved is at or above the 75th percentile of such schools whose designated graduates meet such criterion.

(3) Determinations by Secretary

Not later than 90 days after the close of each 1-year period described in paragraph (1), the Secretary shall make a determination of whether the school involved has for such period complied with such paragraph and shall in writing inform the school of the determination. Such determination shall be made only after consideration of the report submitted to the Secretary by the school under paragraph (6).

(4) Noncompliance by school

(A)(i) Subject to subparagraph (C), each agreement under section 292q of this title with a school of medicine or osteopathic medicine shall provide that, if the school fails to comply with paragraph (1) for a 1-year period under such paragraph, the school—

(I) will pay to the Secretary the amount applicable under subparagraph (B) for the period; and

(II) will pay such amount not later than 90 days after the school is informed under paragraph (3) of the determination of the Secretary regarding such period.

(ii) Any amount that a school is required to pay under clause (i) may be paid from the student loan fund of the school under section 292q of this title.

(B) For purposes of subparagraph (A), the amount applicable for a school, subject to subparagraph (C), is—

(i) for the 1-year period ending June 30, 1997, an amount equal to 10 percent of the income received during such period by the student loan fund of the school under section 292q of this title;

(ii) for the 1-year period ending June 30, 1998, an amount equal to 20 percent of the income received during such period by the student loan fund; and

(iii) for any subsequent 1-year period under paragraph (1), an amount equal to 30 percent of the income received during such period by the student loan fund.

(C) In determining the amount of income that a student loan fund has received for purposes of subparagraph (B), the Secretary shall exclude any income derived from exempt contributions. Payments made to the Secretary under subparagraph (A) may not be made with such contributions or with income derived from such contributions.

(5) Expenditure of payments

(A) Amounts paid to the Secretary under paragraph (4) shall be expended to make Federal capital contributions to student loan funds under section 292q of this title of schools that are in compliance with paragraph (1).

(B) A Federal capital contribution under section 292q of this title may not be construed as being an exempt Federal capital contribution if the contribution is made from payments under subparagraph (A). A school contribution under such section may not be construed as being an exempt school contribution if the contribution is made pursuant to a Federal capital contribution from such payments.

(6) Reports by schools

Each agreement under section 292q of this title with a school of medicine or osteopathic medicine shall provide that the school will submit to the Secretary a report for each 1-year period under paragraph (1) that provides such information as the Secretary determines to be necessary for carrying out this subsection. Each such report shall include statistics concerning the current training or practice status of all graduates of such school hose date of graduation from the school occurred approximately 4 years before the end of the 1-year period involved.

(c) Definitions

For purposes of this section:

(1) The term "exempt contributions" means exempt Federal capital contributions and exempt school contributions.

(2) The term "exempt Federal capital contribution" means a Federal capital contribution described in subclause (I) of subsection (a)(2)(A)(ii) of this section.

(3) The term "exempt school contribution" means a school contribution described in subclause (II) of subsection (a)(2)(A)(ii) of this section.

(4) The term "income", with respect to a student fund under section 292q of this title, means payments of principal and interest on any loan made from the fund, and any other earnings of the fund.

(5) The term "primary health care" means family medicine, general internal medicine, general pediatrics, preventive medicine, or osteopathic general practice.

(d) Redesignated (c)

(July 1, 1944, c. 373, Title VII, § 723, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2015, and amended June 10, 1993, Pub.L. 103–43, Title XX, § 2014(c), 107 Stat. 216; Nov. 13, 1998, Pub.L. 105–392, Title I, § 131, 112 Stat. 3574.)

[1] So in original. The semicolon probably should be a comma.

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1998 Amendments. Subsec. (a)(3). Pub.L. 105–392, § 131(b), rewrote par. (3) which formerly read:

"(3) **Noncompliance by student**

"Each agreement entered into with a student pursuant to paragraph (1) shall provide that, if the student fails to comply with the agreement—

"(A) the balance due on the loan involved will be immediately recomputed from the date of issuance at an interest rate of 12 percent per year, compounded annually; and

"(B) the recomputed balance will be paid not later than the expiration of the 3–year period beginning on the date on which the student fails to comply with the agreement."

Subsec. (b)(1). Pub.L. 105–392, § 131(a), struck "3 years before" and inserted "4 years before".

Subsec. (c). Pub.L. 105–392, § 131(c), struck subsec. (c) and redesignated former subsec. (d) as (c). Prior to redesignation subsec. (c) read:

"(c) **Reports by Secretary**

"The Secretary shall each fiscal year submit to the Committee on Energy and Commerce of the House of Representatives, and the Committee on Labor and Human Resources of the Senate, a report regarding the administration of this section, including the extent of compliance with the requirements of this section, during the preceding fiscal year."

Subsec. (d). Pub.L. 105–392, § 131(c)(2), redesignated former subsec. (d) as (c).

1993 Amendments. Subsec. (a)(4). Pub.L. 103–43, § 2014(c)(1), added par. (4).

Subsec. (b)(1). Pub.L. 103–32, § 2014(c)(2)(A), substituted "1997;" for "1994," and "3 years before" for "4 years before".

Subsec. (b)(2)(B). Pub.L. 103–43, § 2014(c)(2)(B), substituted "25 percent" for "15 percent".

Subsec. (b)(4)(B). Pub.L. 103–43, § 2014(c)(2)(C), in cl. (i) substituted "1997" for "1994" and in cl. (ii) substituted "1998" for "1995".

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

1992 Acts. Section effective Oct. 13, 1992, see section 103 of Pub.L. 102–408, set out as a note under section 292 of this title

Change of Name

Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.

§ 292t. Individuals from disadvantaged backgrounds

(a) Fund agreements regarding certain amounts

With respect to amounts appropriated under subsection (f) of this section, each agreement entered into under section 292q of this title with a school shall provide (in addition to the provisions required in subsection (b) of such section) that—

(1) any Federal capital contribution made to the student loan fund of the school from such amounts, together with the school contribution appropriate under subsection (b)(2)(B) of such section to the amount of the Federal capital contribution, will be utilized only for the purpose of—

(A) making loans to individuals from disadvantaged backgrounds; and

(B) the costs of the collection of the loans and interest on the loans; and

(2) collections of principal and interest on loans made pursuant to paragraph (1), and any other earnings of the student loan fund attributable to amounts that are in the fund pursuant to such paragraph, will be utilized only for the purpose described in such paragraph.

(b) Minimum qualifications for schools

The Secretary may not make a Federal capital contribution for purposes of subsection (a) of this section for a fiscal year unless the health professions school involved—

(1) is carrying out a program for recruiting and retaining students from disadvantaged backgrounds, including racial and ethnic minorities; and

(2) is carrying out a program for recruiting and retaining minority faculty.

(c) Certain agreements regarding education of students; date certain for compliance

The Secretary may not make a Federal capital contribution for purposes of subsection (a) of this section for a fiscal year unless the health professions school involved agrees—

(1) to ensure that adequate instruction regarding minority health issues is provided for in the curricula of the school;

(2) with respect to health clinics providing services to a significant number of individuals who are from disadvantaged backgrounds, including members of minority groups, to enter into arrangements with 1 or more such clinics for the purpose of providing students of the school with experience in providing clinical services to such individuals;

(3) with respect to public or nonprofit private secondary educational institutions and undergraduate institutions of higher education, to enter into arrangements with 1 or more such institutions for the purpose of carrying out programs regarding the educational preparation of disadvantaged students, including minority students, to enter the health professions and regarding the recruitment of such individuals into the health professions;

(4) to establish a mentor program for assisting disadvantaged students, including minority students, regarding the completion of the educational requirements for degrees from the school;

(5) to be carrying out each of the activities specified in any of paragraphs (1) through (4) by not later than 1 year after the date on which the first Federal capital contribution is made to the school for purposes of subsection (a) of this section; and

(6) to continue carrying out such activities, and the activities specified in paragraphs (1) and (2) of subsection (b) of this section, throughout the period during which the student loan fund established pursuant to section 292q(b) of this title is in operation.

(d) Availability of other amounts

With respect to Federal capital contributions to student loan funds under agreements under section 292q(b) of this title, any such contributions made before October 1, 1990, together with the school contributions appropriate under paragraph (2)(B) of such section to the amount of the Federal capital contributions, may be utilized for the purpose of making loans to individuals from disadvantaged backgrounds, subject to section 292s(a)(2)(B) of this title.

(e) "Disadvantaged" defined

For purposes of this section, the term "disadvantaged", with respect to an individual, shall be defined by the Secretary.

(f) Authorization of appropriations

(1) In general

With respect to making Federal capital contributions to student loan funds for purposes of subsection (a) of this section, there is authorized to be appropriated for such contributions $8,000,000 for each of the fiscal years 1998 through 2002.

(2) Special consideration for certain schools

In making Federal capital contributions to student loan funds for purposes of subsection (a) of this section, the Secretary shall give special consideration to health professions schools that have enrollments of underrepresented minorities above the national average for health professions schools.

(July 1, 1944, c. 373, Title VII, § 724, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2018; Nov. 13, 1998, Pub.L. 105–392, Title I, § 132(a), 112 Stat. 3575.)

Repeal of Subsec. (f)(1)

Pub.L. 105–392, Title I, § 132(b), Nov. 13, 1998, 112 Stat. 3575, provided that, effective October 1, 2002, [see section 132(b) of Pub.L. 105–392, Title I, set out as a note under this section] subsec. (f)(1) of this section is repealed.

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

Amendment

1998 Amendments. Subsec. (f)(1). Pub.L. 105–392, § 132(a), struck "$15,000,000 for fiscal year 1993" and inserted "$8,000,000 for each of the fiscal years 1998 through 2002."

Pub.L. 105–392, § 132(b), repealed subsec. (f)(1), which formerly read:

"**(1) In general**

"With respect to making Federal capital contributions to student loan funds for purposes of subsection (a) of this section, there is authorized to be appropriated for such contributions $8,000,000 for each of the fiscal years 1998 through 2002."

Effective and Applicability Provisions

1998 Acts. Section 132(b) of Pub.L. 105–392 provided that: "Effective October 1, 2002, paragraph (1) of section 724(f) of the Public Health Service Act (42 U.S.C. 292t(f)(1)) is repealed."

1992 Acts. Section effective Oct. 13, 1992, see section 103 of Pub.L. 102–408, set out as a note under section 292 of this title

§ 292u. Administrative provisions

The Secretary may agree to modifications of agreements or loans made under this subpart, and may compromise, waive, or release any right, title, claim, or demand of the United States arising or acquired under this subpart.

(July 1, 1944, c. 373, Title VII, § 725, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2019.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

Effective and Applicability Provisions

1992 Acts. Section effective Oct. 13, 1992, see section 103 of Pub.L. 102–408, set out as a note under section 292 of this title

§ 292v. Provision by schools of information to students

(a) In general

With respect to loans made by a school under this subpart after June 30, 1986, each school, in order to carry out the provisions of sections 292q and 292r of this title, shall, at any time such school makes such a loan to a student under this subpart, provide thorough and adequate loan information on loans made under this subpart to the student. The loan information required to be provided to the student by this subsection shall include—

(1) the yearly and cumulative maximum amounts that may be borrowed by the student;

(2) the terms under which repayment of the loan will begin;

(3) the maximum number of years in which the loan must be repaid;

(4) the interest rate that will be paid by the borrower and the minimum amount of the required monthly payment;

(5) the amount of any other fees charged to the borrower by the lender;

(6) any options the borrower may have for deferral, cancellation, prepayment, consolidation, or other refinancing of the loan;

(7) a definition of default on the loan and a specification of the consequences which will result to the borrower if the borrower defaults, including a description of any arrangements which may be made with credit bureau organizations;

(8) to the extent practicable, the effect of accepting the loan on the eligibility of the borrower for other forms of student assistance; and

(9) a description of the actions that may be taken by the Federal Government to collect the loan, including a description of the type of information concerning the borrower that the Federal Government may disclose to (A) officers, employees, or agents of the Department of Health and Human Services, (B) officers, employees, or agents of schools with which the Secretary has an agreement under this subpart, or (C) any other person involved in the collection of a loan under this subpart.

(b) Statement regarding loan

Each school shall, immediately prior to the graduation from such school of a student who receives a loan under this subpart after June 30, 1986, provide such student with a statement specifying—

(1) each amount borrowed by the student under this subpart;

(2) the total amount borrowed by the student under this subpart; and

(3) a schedule for the repayment of the amounts borrowed under this subpart, including the number, amount, and frequency of payments to be made.

(July 1, 1944, c. 373, Title VII, § 726, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2020.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

Effective and Applicability Provisions

1992 Acts. Section effective Oct. 13, 1992, see section 103 of Pub.L. 102–408, set out as a note under section 292 of this title

§ 292w. Procedures for appeal of termination of agreements

In any case in which the Secretary intends to terminate an agreement with a school under this subpart, the Secretary shall provide the school with a written notice specifying such intention and stating that the school may request a formal hearing with respect to such termination. If the school requests such a hearing within 30 days after the receipt of such notice, the Secretary shall provide such school with a hearing conducted by an administrative law judge.

(July 1, 1944, c. 373, Title VII, § 727, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2020.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

Effective and Applicability Provisions

1992 Acts. Section effective Oct. 13, 1992, see section 103 of Pub.L. 102–408, set out as a note under section 292 of this title

§ 292x. Distribution of assets from loan fund

(a) Distribution after termination of fund

If a school terminates a loan fund established under an agreement pursuant to section 292q(b) of this title, or if the Secretary for good cause terminates the agreement with the school, there shall be a capital distribution as follows:

(1) The Secretary shall first be paid an amount which bears the same ratio to such balance in such fund on the date of termination of the fund as the total amount of the Federal capital contributions to such fund by the Secretary pursuant to section 292q(b)(2)(A) of this title bears to the total amount in such fund derived from such Federal capital contributions and from funds deposited therein pursuant to section 292q(b)(2)(B) of this title.

(2) The remainder of such balance shall be paid to the school.

(b) Payment of proportionate share to Secretary

If a capital distribution is made under subsection (a) of this section, the school involved shall, after the capital distribution, pay to the Secretary, not less often than

quarterly, the same proportionate share of amounts received by the school in payment of principal or interest on loans made from the loan fund established pursuant to section 292q(b) of this title as was determined by the Secretary under subsection (a) of this section.

(July 1, 1944, c. 373, Title VII, § 728, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2021.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

Effective and Applicability Provisions

1992 Acts. Section effective Oct. 13, 1992, see section 103 of Pub.L. 102–408, set out as a note under section 292 of this title

§ 292y. General provisions

(a) Date certain for applications

The Secretary shall from time to time set dates by which schools must file applications for Federal capital contributions.

(b) Contingent reduction in allotments

If the total of the amounts requested for any fiscal year in such applications exceeds the amounts appropriated under this section for that fiscal year, the allotment to the loan fund of each such school shall be reduced to whichever of the following is the smaller: (A) the amount requested in its application; or (B) an amount which bears the same ratio to the amounts appropriated as the number of students estimated by the Secretary to be enrolled in such school during such fiscal year bears to the estimated total number of students in all such schools during such year. Amounts remaining after allotment under the preceding sentence shall be reallotted in accordance with clause (B) of such sentence among schools whose applications requested more than the amounts so allotted to their loan funds, but with such adjustments as may be necessary to prevent the total allotted to any such school's loan fund from exceeding the total so requested by it.

(c) Allotment of excess funds

Funds available in any fiscal year for payment to schools under this subpart which are in excess of the amount appropriated pursuant to this section for that year shall be allotted among schools in such manner as the Secretary determines will best carry out the purposes of this subpart.

(d) Payment of installments to schools

Allotments to a loan fund of a school shall be paid to it from time to time in such installments as the Secretary determines will not result in unnecessary accumulations in the loan fund at such school.

(e) Disposition of funds returned to Secretary

(1) Expenditure for federal capital contributions

Subject to section 292s(b)(5) of this title, any amounts from student loan funds under section 292q of this title that are returned to the Secretary by health professions schools shall be expended to make Federal capital contributions to such funds.

(2) Date certain for contributions

Amounts described in paragraph (1) that are returned to the Secretary shall be obligated before the end of the succeeding fiscal year.

(3) Preference in making contributions

In making Federal capital contributions to student loans funds under section 292q of this title for a fiscal year from amounts described in paragraph (1), the Secretary shall give preference to health professions schools of the same disciplines as the health professions schools returning such amounts for the period during which the amounts expended for such contributions were received by the Secretary. Any

such amounts that, prior to being so returned, were available only for the purpose of loans under this subpart to individuals from disadvantaged backgrounds shall be available only for such purpose.

(f) Funding for certain medical schools

(1) Authorization of appropriations

For the purpose of making Federal capital contributions to student loan funds established under section 292q of this title by schools of medicine or osteopathic medicine, there is authorized to be appropriated $10,000,000 for each of the fiscal years 1994 through 1996.

(2) Minimum requirements

(A) Subject to subparagraph (B), the Secretary may make a Federal capital contribution pursuant to paragraph (1) only if the school of medicine or osteopathic medicine involved meets the conditions described in subparagraph (A) of section 292s(b)(2) of this title or the conditions described in subparagraph (C) of such section.

(B) For purposes of subparagraph (A), the conditions referred to in such subparagraph shall be applied with respect to graduates of the school involved whose date of graduation occurred approximately 3 years before June 30 of the fiscal year preceding the fiscal year for which the Federal capital contribution involved is made.

(July 1, 1944, c. 373, Title VII, § 735, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2021, and amended Oct. 27, 1992, Pub.L. 102–531, Title III, § 313(a)(1), 106 Stat. 3507; June 10, 1993, Pub.L. 103–43, Title XX, § 2014(d), 107 Stat. 217; Nov. 13, 1998, Pub.L. 105–392, Title I, § 134(c), 112 Stat. 3578.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

House Report No. 102–318 and House Conference Report No. 102–1019, see 1992 U.S. Code Cong. and Adm. News, p. 3022.

1993 Acts. Senate Report No. 103–2 and House Conference Report No. 103–100, see 1993 U.S. Code Cong. and Adm. News, p. 196.

Amendments

1998 Amendments. Subsec. (e)(2). Pub.L. 105–392, § 134(c), rewrote par. (2) which formerly read:

"(2) **Date certain for contributions**

"Amounts described in paragraph (1) that are returned to the Secretary before the fourth quarter of a fiscal year shall be obligated before the end of such fiscal year, and may not be obligated before the fourth quarter. For purposes of the preceding sentence, amounts returned to the Secretary during the last quarter of a fiscal year are deemed to have been returned during the first three quarters of the succeeding fiscal year."

1993 Amendments. Subsec. (f). Pub.L. 103–43, § 2014(d), added subsec. (f).

1992 Amendments. Subsec. (b). Pub.L. 102–531, Title III, § 313(a)(1), in the first sentence, designated existing phrases as cls. (A) and (B).

Effective and Applicability Provisions

1993 Acts. Amendment by Pub.L. 103–43 effective June 10, 1993, see section 2101 of Pub.L. 103–43, set out as a note under section 201 of this title.

1992 Acts. Section 313(c) of Pub.L. 102–531 provided that: "The amendments described in this section [amending this section, and sections 293j, 293*l*, 294n, 295j, 295*l*, 295n, 295*o*, 296k, and 298b–7 of this title, repealing section 297j of this title, amending provisions set out in a note under section 295k of this title, repealing former subpart III of part B of subchapter VI of this chapter, and redesignating former subpart IV of part B of subchapter VI of this chapter as subpart III] are made, and take effect, immediately after the enactment of the bill, H.R. 3508, of the One Hundred Second Congress [Pub.L. 102–408, Oct. 13, 1992, 106 Stat. 1992, which was approved Oct. 13, 1992]."

Section effective Oct. 13, 1992, see section 103 of Pub.L. 102–408, set out as a note under section 292 of this title

PART B—HEALTH PROFESSIONS TRAINING FOR DIVERSITY

HISTORICAL AND STATUTORY NOTES

Amendments

1998 Amendments. Pub.L. 105–392, Title I, § 101(a), Nov. 13, 1998, 112 Stat. 3524, rewrote the heading of part B, which previously read: "Students From Disadvantaged Backgrounds"

§ 293. Centers of excellence

(a) In general

The Secretary shall make grants to, and enter into contracts with, designated health professions schools described in subsection (c), and other public and nonprofit health or educational entities, for the purpose of assisting the schools in supporting programs of excellence in health professions education for under-represented minority individuals.

(b) Required use of funds

The Secretary may not make a grant under subsection (a) unless the designated health professions school involved agrees, subject to subsection (c)(1)(C), to expend the grant—

(1) to develop a large competitive applicant pool through linkages with institutions of higher education, local school districts, and other community-based entities and establish an education pipeline for health professions careers;

(2) to establish, strengthen, or expand programs to enhance the academic performance of under-represented minority students attending the school;

(3) to improve the capacity of such school to train, recruit, and retain under-represented minority faculty including the payment of such stipends and fellowships as the Secretary may determine appropriate;

(4) to carry out activities to improve the information resources, clinical education, curricula and cultural competence of the graduates of the school, as it relates to minority health issues;

(5) to facilitate faculty and student research on health issues particularly affecting under-represented minority groups, including research on issues relating to the delivery of health care;

(6) to carry out a program to train students of the school in providing health services to a significant number of under-represented minority individuals through training provided to such students at community-based health facilities that—

(A) provide such health services; and

(B) are located at a site remote from the main site of the teaching facilities of the school; and

(7) to provide stipends as the Secretary determines appropriate, in amounts as the Secretary determines appropriate.

(c) Centers of excellence

(1) Designated schools

(A) In general

The designated health professions schools referred to in subsection (a) are such schools that meet each of the conditions specified in subparagraphs (B) and (C), and that—

(i) meet each of the conditions specified in paragraph (2)(A);

(ii) meet each of the conditions specified in paragraph (3);

(iii) meet each of the conditions specified in paragraph (4); or

(iv) meet each of the conditions specified in paragraph (5).

(B) General conditions

The conditions specified in this subparagraph are that a designated health professions school—

(i) has a significant number of under-represented minority individuals enrolled in the school, including individuals accepted for enrollment in the school;

(ii) has been effective in assisting under-represented minority students of the school to complete the program of education and receive the degree involved;

(iii) has been effective in recruiting under-represented minority individuals to enroll in and graduate from the school, including providing scholar-

ships and other financial assistance to such individuals and encouraging under-represented minority students from all levels of the educational pipeline to pursue health professions careers; and

(iv) has made significant recruitment efforts to increase the number of under-represented minority individuals serving in faculty or administrative positions at the school.

(C) Consortium

The condition specified in this subparagraph is that, in accordance with subsection (e)(1), the designated health profession school involved has with other health profession schools (designated or otherwise) formed a consortium to carry out the purposes described in subsection (b) at the schools of the consortium.

(D) Application of criteria to other programs

In the case of any criteria established by the Secretary for purposes of determining whether schools meet the conditions described in subparagraph (B), this section may not, with respect to racial and ethnic minorities, be construed to authorize, require, or prohibit the use of such criteria in any program other than the program established in this section.

(2) Centers of excellence at certain historically black colleges and universities

(A) Conditions

The conditions specified in this subparagraph are that a designated health professions school—

(i) is a school described in section 295p(1) of this title; and

(ii) received a contract under section 295g of this title for fiscal year 1987, as such section was in effect for such fiscal year.

(B) Use of grant

In addition to the purposes described in subsection (b), a grant under subsection (a) to a designated health professions school meeting the conditions described in subparagraph (A) may be expended—

(i) to develop a plan to achieve institutional improvements, including financial independence, to enable the school to support programs of excellence in health professions education for under-represented minority individuals; and

(ii) to provide improved access to the library and informational resources of the school.

(C) Exception

The requirements of paragraph (1)(C) shall not apply to a historically black college or university that receives funding under paragraphs [1] (2) or (5).

(3) Hispanic centers of excellence

The conditions specified in this paragraph are that—

(A) with respect to Hispanic individuals, each of clauses (i) through (iv) of paragraph (1)(B) applies to the designated health professions school involved;

(B) the school agrees, as a condition of receiving a grant under subsection (a), that the school will, in carrying out the duties described in subsection (b), give priority to carrying out the duties with respect to Hispanic individuals; and

(C) the school agrees, as a condition of receiving a grant under subsection (a), that—

(i) the school will establish an arrangement with 1 or more public or nonprofit community based Hispanic serving organizations, or public or nonprofit private institutions of higher education, including schools of nursing, whose enrollment of students has traditionally included a significant number of Hispanic individuals, the purposes of which will be to carry out a program—

(I) to identify Hispanic students who are interested in a career in the health profession involved; and

(II) to facilitate the educational preparation of such students to enter the health professions school; and

(ii) the school will make efforts to recruit Hispanic students, including students who have participated in the undergraduate or other matriculation program carried out under arrangements established by the school pursuant to clause (i)(II) and will assist Hispanic students regarding the completion of the educational requirements for a degree from the school.

(4) Native American centers of excellence

Subject to subsection (e), the conditions specified in this paragraph are that—

(A) with respect to Native Americans, each of clauses (i) through (iv) of paragraph (1)(B) applies to the designated health professions school involved;

(B) the school agrees, as a condition of receiving a grant under subsection (a), that the school will, in carrying out the duties described in subsection (b), give priority to carrying out the duties with respect to Native Americans; and

(C) the school agrees, as a condition of receiving a grant under subsection (a), that—

(i) the school will establish an arrangement with 1 or more public or nonprofit private institutions of higher education, including schools of nursing, whose enrollment of students has traditionally included a significant number of Native Americans, the purpose of which arrangement will be to carry out a program—

(I) to identify Native American students, from the institutions of higher education referred to in clause (i), who are interested in health professions careers; and

(II) to facilitate the educational preparation of such students to enter the designated health professions school; and

(ii) the designated health professions school will make efforts to recruit Native American students, including students who have participated in the undergraduate program carried out under arrangements established by the school pursuant to clause (i) and will assist Native American students regarding the completion of the educational requirements for a degree from the designated health professions school.

(5) Other centers of excellence

The conditions specified in this paragraph are—

(A) with respect to other centers of excellence, the conditions described in clauses (i) through (iv) of paragraph (1)(B); and

(B) that the health professions school involved has an enrollment of underrepresented minorities above the national average for such enrollments of health professions schools.

(d) Designation as center of excellence

(1) In general

Any designated health professions school receiving a grant under subsection (a) and meeting the conditions described in paragraph (2) or (5) of subsection (c) shall, for purposes of this section, be designated by the Secretary as a Center of Excellence in Under-Represented Minority Health Professions Education.

(2) Hispanic centers of excellence

Any designated health professions school receiving a grant under subsection (a) and meeting the conditions described in subsection (c)(3) shall, for purposes of this section, be designated by the Secretary as a Hispanic Center of Excellence in Health Professions Education.

(3) Native American centers of excellence

Any designated health professions school receiving a grant under subsection (a) and meeting the conditions described in subsection (c)(4) shall, for purposes of this

section, be designated by the Secretary as a Native American Center of Excellence in Health Professions Education. Any consortium receiving such a grant pursuant to subsection (e) shall, for purposes of this section, be so designated.

(e) Authority regarding Native American centers of excellence

With respect to meeting the conditions specified in subsection (c)(4), the Secretary may make a grant under subsection (a) to a designated health professions school that does not meet such conditions if—

(1) the school has formed a consortium in accordance with subsection (d)(1); and

(2) the schools of the consortium collectively meet such conditions, without regard to whether the schools individually meet such conditions.

(f) Duration of grant

The period during which payments are made under a grant under subsection (a) may not exceed 5 years. Such payments shall be subject to annual approval by the Secretary and to the availability of appropriations for the fiscal year involved to make the payments.

(g) Definitions

In this section:

(1) Designated health professions school

(A) In general

The term "health professions school" means, except as provided in subparagraph (B), a school of medicine, a school of osteopathic medicine, a school of dentistry, a school of pharmacy, or a graduate program in behavioral or mental health.

(B) Exception

The definition established in subparagraph (A) shall not apply to the use of the term "designated health professions school" for purposes of subsection (c)(2).

(2) Program of excellence

The term "program of excellence" means any program carried out by a designated health professions school with a grant made under subsection (a), if the program is for purposes for which the school involved is authorized in subsection (b) or (c) to expend the grant.

(3) Native Americans

The term "Native Americans" means American Indians, Alaskan Natives, Aleuts, and Native Hawaiians.

(h) Funding

(1) Authorization of appropriations

For the purpose of making grants under subsection (a), there are authorized to be appropriated $26,000,000 for fiscal year 1998, and such sums as may be necessary for each of the fiscal years 1999 through 2002.

(2) Allocations

Based on the amount appropriated under paragraph (1) for a fiscal year, one of the following subparagraphs shall apply:

(A) In general

If the amounts appropriated under paragraph (1) for a fiscal year are $24,000,000 or less—

(i) the Secretary shall make available $12,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(2)(A); and

(ii) and available after grants are made with funds under clause (i), the Secretary shall make available—

(I) 60 percent of such amount for grants under subsection (a) to health professions schools that meet the conditions described in paragraph (3) or (4) of subsection (c) (including meeting the conditions under subsection (e)); and

(II) 40 percent of such amount for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(5).

(B) Funding in excess of $24,000,000

If amounts appropriated under paragraph (1) for a fiscal year exceed $24,000,000 but are less than $30,000,000—

(i) 80 percent of such excess amounts shall be made available for grants under subsection (a) to health professions schools that meet the requirements described in paragraph (3) or (4) of subsection (c) (including meeting conditions pursuant to subsection (e)); and

(ii) 20 percent of such excess amount shall be made available for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(5).

(C) Funding in excess of $30,000,000

If amounts appropriated under paragraph (1) for a fiscal year are $30,000,000 or more, the Secretary shall make available—

(i) not less than $12,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(2)(A);

(ii) not less than $12,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in paragraph (3) or (4) of subsection (c) (including meeting conditions pursuant to subsection (e));

(iii) not less than $6,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(5); and

(iv) after grants are made with funds under clauses (i) through (iii), any remaining funds for grants under subsection (a) to health professions schools that meet the conditions described in paragraph (2)(A), (3), (4), or (5) of subsection (c).

(3) No limitation

Nothing in this subsection shall be construed as limiting the centers of excellence referred to in this section to the designated amount, or to preclude such entities from competing for other grants under this section.

(4) Maintenance of effort

(A) In general

With respect to activities for which a grant made under this part are authorized to be expended, the Secretary may not make such a grant to a center of excellence for any fiscal year unless the center agrees to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the center for the fiscal year preceding the fiscal year for which the school receives such a grant.

(B) Use of Federal funds

With respect to any Federal amounts received by a center of excellence and available for carrying out activities for which a grant under this part is authorized to be expended, the Secretary may not make such a grant to the center for any fiscal year unless the center agrees that the center will, before

expending the grant, expend the Federal amounts obtained from sources other than the grant.

(July 1, 1944, c. 373, Title VII, § 736, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 101(a), 112 Stat. 3525.)

[1] So in original. Probably should be "paragraph".

HISTORICAL AND STATUTORY NOTES

References in Text

Section 788B, referred to in subsec. (c)(2)(A)(ii), is July 1, 1944, c. 373, Title VII, § 788B, formerly classified to section 295g–8b of this title, which was omitted from the Code in the general revision of subchapter V (42 U.S.C.A. § 292 et seq.) by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994. For complete classification of this Act to the Code, see Tables.

Savings Provisions

Pub.L. 105–392, Title I, § 110, Nov. 13, 1998, 112 Stat. 3562, provided that: "In the case of any authority for making awards of grants or contracts that is terminated by the amendments made by this subtitle, the Secretary of Health and Human Services may, notwithstanding the termination of the authority, continue in effect any grant or contract made under the authority that is in effect on the day before the date of the enactment of this Act [Nov. 13, 1998], subject to the duration of any such grant or contract not exceeding the period determined by the Secretary in first approving such financial assistance, or in approving the most recent request made (before the date of such enactment) for continuation of such assistance, as the case may be."

Prior Provisions

A prior section 293, July 1, 1944, c. 373, Title VII, § 736, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2022, provided for scholarships for students of exceptional financial need, prior to the complete revision of this part by Pub.L. 105–392, Title I, § 101(a), Nov. 13, 1998, 112 Stat. 3525.

A prior section 293, Act July 1, 1944, c. 373, Title VII, § 720, as added Sept. 24, 1963, Pub.L. 88–129, § 2(b), 77 Stat. 164, and amended Sept. 4, 1964, Pub.L. 88–581, § 3(a), 78 Stat. 919; Oct. 22, 1965, Pub.L. 89–290, § 3(a), 79 Stat. 1056; Nov. 2, 1966, Pub.L. 89–709, § 2(a), 80 Stat. 1103; Aug. 16, 1968, Pub.L. 90–490, Title I, § 101(a), (b)(1), 82 Stat. 773; Nov. 18, 1971, Pub.L. 92–157, Title I, § 102(a), 85 Stat. 431; Oct. 12, 1976, Pub.L. 94–484, Title I, § 101(c), Title III, 302, 90 Stat. 2244, 2253; Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2723(a), (b), 95 Stat. 915, authorized the Secretary to make grants to assist in the construction of teaching facilities, such as ambulatory, primary care teaching facilities, for the training of health personnel, prior to the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

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WESTLAW ELECTRONIC RESEARCH

United States cases: 393k[add key number]

§ 293a. Scholarships for disadvantaged students

(a) In general

The Secretary may make a grant to an eligible entity (as defined in subsection (d)(1)) under this section for the awarding of scholarships by schools to any full-time student who is an eligible individual as defined in subsection (d). Such scholarships may be expended only for tuition expenses, other reasonable educational expenses, and reasonable living expenses incurred in the attendance of such school.

(b) Preference in providing scholarships

The Secretary may not make a grant to an entity under subsection (a) unless the health professions and nursing schools involved agree that, in providing scholarships pursuant to the grant, the schools will give preference to students for whom the costs of attending the schools would constitute a severe financial hardship and, notwithstanding other provisions of this section, to former recipients of scholarships under sections 293 and 293d(d)(2)(B) of this title (as such sections existed on the day before November 13, 1998).

(c) Amount of award

In awarding grants to eligible entities that are health professions and nursing schools, the Secretary shall give priority to eligible entities based on the proportion of graduating students going into primary care, the proportion of underrepresented minority

students, and the proportion of graduates working in medically underserved communities.

(d) Definitions

In this section:

(1) Eligible entities

The term "eligible entities" means an entity that—

(A) is a school of medicine, osteopathic medicine, dentistry, nursing (as defined in section 296 of this title), pharmacy, podiatric medicine, optometry, veterinary medicine, public health, chiropractic, or allied health, a school offering a graduate program in behavioral and mental health practice, or an entity providing programs for the training of physician assistants; and

(B) is carrying out a program for recruiting and retaining students from disadvantaged backgrounds, including students who are members of racial and ethnic minority groups.

(2) Eligible individual

The term "eligible individual" means an individual who—

(A) is from a disadvantaged background;

(B) has a financial need for a scholarship; and

(C) is enrolled (or accepted for enrollment) at an eligible health professions or nursing school as a full-time student in a program leading to a degree in a health profession or nursing.

(July 1, 1944, c. 373, Title VII, § 737, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 101(a), 112 Stat. 3531.)

HISTORICAL AND STATUTORY NOTES

Prior Provisions

A prior section 293a, July 1, 1944, c. 373, Title VII, § 737, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2023, related to general scholarships and certain other purposes, prior to the complete revision of this part by Pub.L. 105–392, Title I, § 101(a), Nov. 13, 1998, 112 Stat. 3525.

A prior section 293a, Act July 1, 1944, c. 373, Title VII, § 721, as added Sept. 24, 1963, Pub.L. 88–129, § 2(b), 77 Stat. 165, and amended Sept. 4, 1964, Pub.L. 88–581, § 3(b), 78 Stat. 919; Oct. 22, 1965, Pub.L. 89–290, §§ 3(b), (c), 5(a), 79 Stat. 1056 to 1058; Nov. 2, 1966, Pub.L. 89–709, § 2(b), 80 Stat. 1103; Aug. 16, 1968, Pub.L. 90–490, Title I, §§ 103(a)(3), 105(a), (b), 82 Stat. 774; Nov. 18, 1971, Pub.L. 92–157, Title I, §§ 102(e), (f)(1), (2)(A), (g), (h), (j)(2), (3), (7)(A), 108(b)(1), 85 Stat. 434 to 437, 461; Oct. 12, 1976, Pub.L. 94–484, Title III, §§ 301, 303, 308(a), 90 Stat. 2253, 2254, 2256; Aug. 1, 1977, Pub.L. 95–83, Title III, § 307(b), 91 Stat. 389; Oct. 17, 1979, Pub.L. 96–88, Title III, § 301(a)(1), Title V, § 507, 93 Stat. 677, 692; Aug. 13, 1981, Pub.L. 97–35, Title XXVII, §§ 2723(c), (d), 2724(a), 95 Stat. 916; Nov. 4, 1988, Pub.L. 100–607, Title VI, §§ 628(4), 629(b)(2), 102 Stat. 3145, 3146; Aug. 16, 1989, Pub.L. 101–93, § 5(*o*)(1), 103 Stat. 614, related to the applications process for grants to construct teaching facilities for health personnel, prior to the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

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C.J.S. United States § 122.

WESTLAW ELECTRONIC RESEARCH

Colleges and Universities cases: 81k[add key number]
United States cases: 393k[add key number]

§ 293b. Loan repayments and fellowships regarding faculty positions

(a) Loan repayments

(1) Establishment of program

The Secretary shall establish a program of entering into contracts with individuals described in paragraph (2) under which the individuals agree to serve as

members of the faculties of schools described in paragraph (3) in consideration of the Federal Government agreeing to pay, for each year of such service, not more than $20,000 of the principal and interest of the educational loans of such individuals.

(2) Eligible individuals

The individuals referred to in paragraph (1) are individuals from disadvantaged backgrounds who—

(A) have a degree in medicine, osteopathic medicine, dentistry, nursing, or another health profession;

(B) are enrolled in an approved graduate training program in medicine, osteopathic medicine, dentistry, nursing, or other health profession; or

(C) are enrolled as full-time students—

(i) in an accredited (as determined by the Secretary) school described in paragraph (3); and

(ii) in the final year of a course of a study or program, offered by such institution and approved by the Secretary, leading to a degree from such a school.

(3) Eligible health professions schools

The schools described in this paragraph are schools of medicine, nursing (as schools of nursing are defined in section 296 of this title), osteopathic medicine, dentistry, pharmacy, allied health, podiatric medicine, optometry, veterinary medicine, or public health, or schools offering graduate programs in behavioral and mental health.

(4) Requirements regarding faculty positions

The Secretary may not enter into a contract under paragraph (1) unless—

(A) the individual involved has entered into a contract with a school described in paragraph (3) to serve as a member of the faculty of the school for not less than 2 years; and

(B) the contract referred to in subparagraph (A) provides that—

(i) the school will, for each year for which the individual will serve as a member of the faculty under the contract with the school, make payments of the principal and interest due on the educational loans of the individual for such year in an amount equal to the amount of such payments made by the Secretary for the year;

(ii) the payments made by the school pursuant to clause (i) on behalf of the individual will be in addition to the pay that the individual would otherwise receive for serving as a member of such faculty; and

(iii) the school, in making a determination of the amount of compensation to be provided by the school to the individual for serving as a member of the faculty, will make the determination without regard to the amount of payments made (or to be made) to the individual by the Federal Government under paragraph (1).

(5) Applicability of certain provisions

The provisions of sections 254m, 254p, and 254q–1 of this title shall apply to the program established in paragraph (1) to the same extent and in the same manner as such provisions apply to the National Health Service Corps Loan Repayment Program established in subpart III of part D of subchapter II of this chapter[42 U.S.C.A. § 254l et seq.], including the applicability of provisions regarding reimbursements for increased tax liability and regarding bankruptcy.

(6) Waiver regarding school contributions

The Secretary may waive the requirement established in paragraph (4)(B) if the Secretary determines that the requirement will impose an undue financial hardship on the school involved.

(b) Fellowships

(1) In general

The Secretary may make grants to and enter into contracts with eligible entities to assist such entities in increasing the number of underrepresented minority individuals who are members of the faculty of such schools.

(2) Applications

To be eligible to receive a grant or contract under this subsection, an entity shall provide an assurance, in the application submitted by the entity, that—

(A) amounts received under such a grant or contract will be used to award a fellowship to an individual only if the individual meets the requirements of paragraphs (3) and (4); and

(B) each fellowship awarded pursuant to the grant or contract will include—

(i) a stipend in an amount not exceeding 50 percent of the regular salary of a similar faculty member for not to exceed 3 years of training; and

(ii) an allowance for other expenses, such as travel to professional meetings and costs related to specialized training.

(3) Eligibility

To be eligible to receive a grant or contract under paragraph (1), an applicant shall demonstrate to the Secretary that such applicant has or will have the ability to—

(A) identify, recruit and select underrepresented minority individuals who have the potential for teaching, administration, or conducting research at a health professions institution;

(B) provide such individuals with the skills necessary to enable them to secure a tenured faculty position at such institution, which may include training with respect to pedagogical skills, program administration, the design and conduct of research, grants writing, and the preparation of articles suitable for publication in peer reviewed journals;

(C) provide services designed to assist such individuals in their preparation for an academic career, including the provision of counselors; and

(D) provide health services to rural or medically underserved populations.

(4) Requirements

To be eligible to receive a grant or contract under paragraph (1) an applicant shall—

(A) provide an assurance that such applicant will make available (directly through cash donations) $1 for every $1 of Federal funds received under this section for the fellowship;

(B) provide an assurance that institutional support will be provided for the individual for the second and third years at a level that is equal to the total amount of institutional funds provided in the year in which the grant or contract was awarded;

(C) provide an assurance that the individual that will receive the fellowship will be a member of the faculty of the applicant school; and

(D) provide an assurance that the individual that will receive the fellowship will have, at a minimum, appropriate advanced preparation (such as a master's or doctoral degree) and special skills necessary to enable such individual to teach and practice.

(5) Definition

For purposes of this subsection, the term "underrepresented minority individuals" means individuals who are members of racial or ethnic minority groups that are underrepresented in the health professions including nursing.

(July 1, 1944, c. 373, Title VII, § 738, as added Nov. 13, 1998, Pub.L. 105–392, § 101(a), 112 Stat. 3532.)

HISTORICAL AND STATUTORY NOTES

Prior Provisions

A prior section 293b, July 1, 1944, c. 373, Title VII, § 738, as added Oct. 13, 1992, Pub.L. 102–408, § 102, 106 Stat. 2025, related to loan repayments and fellowships regarding faculty positions, prior to the complete revision of this part by Pub.L. 105–392, Title I, § 101(a), Nov. 13, 1998, 112 Stat. 3525.

A prior section 293b, Act July 1, 1944, c. 373, Title VII, § 722, as added Sept. 24, 1963, Pub.L. 88–129, § 2(b), 77 Stat. 168, and amended Aug. 16, 1968, Pub.L. 90–490, Title I, §§ 102(a), 104(a), 82 Stat. 773, 774; Nov. 18, 1971, Pub.L. 92–157, Title I, § 102(b), (j)(4), (7), 85 Stat. 431, 436, 437; Oct. 12, 1976, Pub.L. 94–484, Title III, § 304, 90 Stat. 2255; Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2723(e), 95 Stat. 916, related to the determination of amount of grants to be issued for construction of teaching facilities for the training of health personnel, prior to the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

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United States ⟹82(2).

Encyclopedias

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C.J.S. United States § 122.

WESTLAW ELECTRONIC RESEARCH

Colleges and Universities cases: 81k[add key number]
United States cases: 393k[add key number]

§ 293c. Educational assistance in the health professions regarding individuals from disadvantaged backgrounds

(a) In general

(1) Authority for grants

For the purpose of assisting individuals from disadvantaged backgrounds, as determined in accordance with criteria prescribed by the Secretary, to undertake education to enter a health profession, the Secretary may make grants to and enter into contracts with schools of medicine, osteopathic medicine, public health, dentistry, veterinary medicine, optometry, pharmacy, allied health, chiropractic, and podiatric medicine, public and nonprofit private schools that offer graduate programs in behavioral and mental health, programs for the training of physician assistants, and other public or private nonprofit health or educational entities to assist in meeting the costs described in paragraph (2).

(2) Authorized expenditures

A grant or contract under paragraph (1) may be used by the entity to meet the cost of—

(A) identifying, recruiting, and selecting individuals from disadvantaged backgrounds, as so determined, for education and training in a health profession;

(B) facilitating the entry of such individuals into such a school;

(C) providing counseling, mentoring, or other services designed to assist such individuals to complete successfully their education at such a school;

(D) providing, for a period prior to the entry of such individuals into the regular course of education of such a school, preliminary education and health research training designed to assist them to complete successfully such regular course of education at such a school, or referring such individuals to institutions providing such preliminary education;

(E) publicizing existing sources of financial aid available to students in the education program of such a school or who are undertaking training necessary to qualify them to enroll in such a program;

(F) paying such scholarships as the Secretary may determine for such individuals for any period of health professions education at a health professions school;

(G) paying such stipends as the Secretary may approve for such individuals for any period of education in student-enhancement programs (other than regular courses), except that such a stipend may not be provided to an individual for more than 12 months, and such a stipend shall be in an amount

determined appropriate by the Secretary (notwithstanding any other provision of law regarding the amount of stipends);

(H) carrying out programs under which such individuals gain experience regarding a career in a field of primary health care through working at facilities of public or private nonprofit community-based providers of primary health services; and

(I) conducting activities to develop a larger and more competitive applicant pool through partnerships with institutions of higher education, school districts, and other community-based entities.

(3) Definition

In this section, the term "regular course of education of such a school" as used in subparagraph (D) includes a graduate program in behavioral or mental health.

(b) Requirements for awards

In making awards to eligible entities under subsection (a)(1), the Secretary shall give preference to approved applications for programs that involve a comprehensive approach by several public or nonprofit private health or educational entities to establish, enhance and expand educational programs that will result in the development of a competitive applicant pool of individuals from disadvantaged backgrounds who desire to pursue health professions careers. In considering awards for such a comprehensive partnership approach, the following shall apply with respect to the entity involved:

(1) The entity shall have a demonstrated commitment to such approach through formal agreements that have common objectives with institutions of higher education, school districts, and other community-based entities.

(2) Such formal agreements shall reflect the coordination of educational activities and support services, increased linkages, and the consolidation of resources within a specific geographic area.

(3) The design of the educational activities involved shall provide for the establishment of a competitive health professions applicant pool of individuals from disadvantaged backgrounds by enhancing the total preparation (academic and social) of such individuals to pursue a health professions career.

(4) The programs or activities under the award shall focus on developing a culturally competent health care workforce that will serve the unserved and underserved populations within the geographic area.

(c) Equitable allocation of financial assistance

The Secretary, to the extent practicable, shall ensure that services and activities under subsection (a) are adequately allocated among the various racial and ethnic populations who are from disadvantaged backgrounds.

(d) Matching requirements

The Secretary may require that an entity that applies for a grant or contract under subsection (a), provide non-Federal matching funds, as appropriate, to ensure the institutional commitment of the entity to the projects funded under the grant or contract. As determined by the Secretary, such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in-kind, fairly evaluated, including plant, equipment, or services.

(July 1, 1944, c. 373, Title VII, § 739, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 101(a), 112 Stat. 3534.)

HISTORICAL AND STATUTORY NOTES

Prior Provisions

A prior section 293c, July 1, 1944, c. 373, Title VII, § 739, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2027, relating the use of funds for centers of excellence, prior to the complete revision of this part by Pub.L. 105–392, Title I, § 101(a), Nov. 13, 1998, 112 Stat. 3525.

A prior section 293c, Act July 1, 1944, c. 373, Title VII, § 723, as added Sept. 24, 1963, Pub.L. 88–129, § 2(b), 77 Stat. 168, and amended Aug. 16, 1968, Pub.L. 90–490, Title I, § 103(a)(1), (2), 82 Stat. 773; Nov. 18, 1971, Pub.L. 92–157, Title I, § 102(c)(5), (f)(2)(C), (j)(1), (5), 85 Stat. 432, 435–437; Oct. 12, 1976, Pub.L. 94–484, Title III, § 305, 90 Stat. 2255; Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2723(f), 95 Stat. 916; Oct. 22, 1985, Pub.L. 99–129, Title II, § 207(a), 99 Stat. 527, related to the rights of the United States to recover from owners of health person-

nel training facilities funds issued for constructing such facilities if the owners ceased to be public or nonprofit entities, or changed the use of such facilities, prior to the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

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United States ⟹82(2).

Encyclopedias

C.J.S. Colleges and Universities § 33.
C.J.S. United States § 122.

WESTLAW ELECTRONIC RESEARCH

Colleges and Universities cases: 81k[add key number]
United States cases: 393k[add key number]

§ 293d. Authorization of appropriation

(a) Scholarships

There are authorized to be appropriated to carry out section 293a of this title, $37,000,000 for fiscal year 1998, and such sums as may be necessary for each of the fiscal years 1999 through 2002. Of the amount appropriated in any fiscal year, the Secretary shall ensure that not less than 16 percent shall be distributed to schools of nursing.

(b) Loan repayments and fellowships

For the purpose of carrying out section 293b of this title, there is authorized to be appropriated $1,100,000 for fiscal year 1998, and such sums as may be necessary for each of the fiscal years 1999 through 2002.

(c) Educational assistance in health professions regarding individuals for disadvantaged backgrounds

For the purpose of grants and contracts under section 293c(a)(1) of this title, there is authorized to be appropriated $29,400,000 for fiscal year 1998, and such sums as may be necessary for each of the fiscal years 1999 through 2002. The Secretary may use not to exceed 20 percent of the amount appropriated for a fiscal year under this subsection to provide scholarships under section 293c(a)(2)(F) of this title.

(d) Report

Not later than 6 months after November 13, 1998, the Secretary shall prepare and submit to the appropriate committees of Congress a report concerning the efforts of the Secretary to address the need for a representative mix of individuals from historically minority health professions schools, or from institutions or other entities that historically or by geographic location have a demonstrated record of training or educating underrepresented minorities, within various health professions disciplines, on peer review councils.

(July 1, 1944, c. 373, Title VII, § 740, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 101(a), 112 Stat. 3536.)

HISTORICAL AND STATUTORY NOTES

Prior Provisions

A prior section 293d, July 1, 1944, c. 373, Title VII, § 740, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2032, related to educational assistance regarding undergraduates, prior to a complete revision of this part by Pub.L. 105–392, Title I, § 101(a), Nov. 13, 1998, 112 Stat. 3525.

A prior section 293d, Act July 1, 1944, c. 373, Title VII, § 724, formerly § 727, as added Sept. 24, 1963, Pub.L. 88–129, § 2(b), 77 Stat. 170, amended Nov. 18, 1971, Pub.L. 92–157, Title I, § 102(j)(7)(B), 85 Stat. 437, and renumbered § 724 and amended Oct. 12, 1976, Pub.L. 94–484, Title III, § 308(c), (d), 90 Stat. 2257, related to regulations for part B of prior Subchapter V, prior to the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Another prior section 293d, Act July 1, 1944, c. 373, Title VII, § 701, formerly § 724, as added Sept. 24, 1963, Pub.L. 88–129, § 2(b), 77 Stat. 169, and amended Oct. 22, 1965, Pub.L. 89–290, § 2(b), 79 Stat. 1056; Nov. 2, 1966, Pub.L. 89–709, § 2(c), 80 Stat. 1103; Aug. 16, 1968, Pub.L. 90–490, Title I, § 105(c), 82 Stat. 774; Nov. 18, 1971, Pub.L. 92–157, Title I, § 102(c)(1) to (4), (f)(2)(B), 85 Stat. 431, 432, 435, which related to definitions, was transferred to prior section 292a of this title, prior to the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

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C.J.S. United States § 122.

WESTLAW ELECTRONIC RESEARCH

Colleges and Universities cases: 81k[add key number]
United States cases: 393k[add key number]

§ 293e. Grants for health professions education

(a) Grants for health professions education in health disparities and cultural competency

(1) In general

The Secretary, acting through the Administrator of the Health Resources and Services Administration, may make awards of grants, contracts, or cooperative agreements to public and nonprofit private entities (including tribal entities) for the purpose of carrying out research and demonstration projects (including research and demonstration projects for continuing health professions education) for training and education of health professionals for the reduction of disparities in health care outcomes and the provision of culturally competent health care.

(2) Eligible entities

Unless specifically required otherwise in this subchapter, the Secretary shall accept applications for grants or contracts under this section from health professions schools, academic health centers, State or local governments, or other appropriate public or private nonprofit entities (or consortia of entities, including entities promoting multidisciplinary approaches) for funding and participation in health professions training activities. The Secretary may accept applications from for-profit private entities as determined appropriate by the Secretary.

(b) Authorization of appropriations

There are authorized to be appropriated to carry out subsection (a), $3,500,000 for fiscal year 2001, $7,000,000 for fiscal year 2002, $7,000,000 for fiscal year 2003, and $3,500,000 for fiscal year 2004.

(July 1, 1944, c. 373, Title VII, § 741, as added Nov. 22, 2000, Pub.L. 106–525, Title IV, § 401(a), 114 Stat. 2508.)

HISTORICAL AND STATUTORY NOTES

References in Text

This subchapter referred to in subsec. (a)(2), originally read "this title", meaning Title VII of the Public Health Service Act, which is principally classified to this subchapter.

Effective and Applicability Provisions

2000 Acts. Amendments by Pub.L. 106–525, Title IV, § 401(a), effective October 1, 2000 or November 22, 2000, whichever occurs later, see Pub.L. 106–525, § 603, set out as a note under 42 U.S.C.A. § 281.

Prior Provisions

A prior section 293e, Act July 1, 1944, c. 373, Title VII, § 725, formerly § 728, as added Sept. 24, 1963, Pub.L. 88–129, § 2(b), 77 Stat. 170, amended Sept. 4, 1964, Pub.L. 88–581, § 3(d), 78 Stat. 919; Nov. 18, 1971, Pub.L. 92–157, Title I, § 102(i), 85 Stat. 436, and renumbered § 725, Oct. 12, 1976, Pub.L. 94–484, Title III, § 308(d), 90 Stat. 2257, related to the provision of technical assistance to applicants and State or interstate planning agencies, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Another prior section 293e, Act July 1, 1944, c. 373, Title VII, § 702, formerly § 725, as added Sept. 24, 1963, Pub.L. 88–129, § 2(b), 77 Stat. 169, and amended Sept. 4, 1964, Pub.L. 88–581, § 3(c), 78 Stat. 919; Nov. 2, 1966, Pub.L. 89–709, § 2(d), 80 Stat. 1103; Nov. 3, 1966, Pub.L. 89–751, § 3(a), 80 Stat. 1230; Dec. 5, 1967, Pub.L. 90–174, § 12(c), 81 Stat. 541; Oct. 30, 1970, Pub.L. 91–515, Title VI, § 601(b)(2), 84 Stat. 1311; Nov. 18, 1971, Pub.L. 92–157, Title I, § 108(a), 85 Stat. 460, was transferred to former section 292b of this title.

National Conference on Health Professions Education and Health Disparities

Pub.L. 106–525, Title IV, § 402, Nov. 22, 2000, 114 Stat. 2509, provided that:

"(a) **In general.**—Not later than 1 year after the date of enactment of this Act [Nov. 22, 2000], the Secretary of Health and Human Services (in this section referred to as the 'Secretary"), acting through the Administrator of the

Health Resources and Services Administration, shall convene a national conference on health professions education as a method for reducing disparities in health outcomes.

"(b) **Participants.**—The Secretary shall include in the national conference convened under subsection (a) advocacy groups and educational entities as described in section 741 of the Public Health Service Act (as added by section 401 [this section]), tribal health programs, health centers under section 330 of such Act [42 U.S.C.A. § 254b], and other interested parties.

"(c) **Issues.**—The national conference convened under subsection (a) shall include, but is not limited to, issues that address the role and impact of health professions education on the reduction of disparities in health outcomes, including the role of education on cultural competency. The conference shall focus on methods to achieve reductions in disparities in health outcomes through health professions education (including continuing education programs) and strategies for outcomes measurement to assess the effectiveness of education in reducing disparities.

"(d) **Publication of findings.**—Not later than 6 months after the national conference under subsection (a) has convened, the Secretary shall publish in the Federal Register a summary of the proceedings and findings of the conference.

"(e) **Authorization of appropriations.**—There is authorized to be appropriated such sums as may be necessary to carry out this section."

[Amendments by Pub.L. 106–525, Title IV, § 402, effective October 1, 2000 or November 22, 2000, whichever occurs later, see Pub.L. 106–525, § 603, set out as a note under 42 U.S.C.A. § 281.]

§ 293f. Omitted

HISTORICAL AND STATUTORY NOTES

Section 293f, Act July 1, 1944, c. 373, Title VII, § 726, formerly § 729, as added Nov. 18, 1971, Pub.L. 92–157, Title I, § 102(d), 85 Stat. 432, and renumbered § 726 and amended Oct. 12, 1976, Pub.L. 94–484, Title I, § 101(d), Title III, §§ 306, 308(d), 90 Stat. 2244, 2256, 2257; Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2725, 95 Stat. 916, related to loan guarantees and interest subsidies, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

A prior section 293f, Act July 1, 1944, c. 373, Title VII, § 726, as added Sept. 24, 1963, Pub.L. 88–129, § 2(b), 77 Stat. 170, which provided for noninterference with administration of institutions, was repealed by Pub.L. 94–484, Title III, § 308(b), Oct. 12, 1976, 90 Stat. 2257.

Part C—Training in Family Medicine, General Internal Medicine, General Pediatrics, Physician Assistants, General Dentistry, and Pediatric Dentistry

HISTORICAL AND STATUTORY NOTES

Amendments

1998 Amendments. Pub.L. 105–392, Title I, § 102(1), Nov. 13, 1998, 112 Stat. 3537, struck "Primary Health Care" and inserted "Family Medicine, General Internal Medicine, General Pediatrics, Physician Assistants, General Dentistry, and Pediatric Dentistry".

§ 293j. Repealed. Pub.L. 105–392, Title I, § 102(2), Nov. 13, 1998, 112 Stat. 3537

HISTORICAL AND STATUTORY NOTES

Section 293j, July 1, 1944, c. 373, Title VII, § 746, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2034, and amended Oct. 27, 1992, Pub.L. 102–531, § 313(a)(2), 106 Stat. 3507; June 10, 1993, Pub.L. 103–43, Title XX, § 2008(i)(3), 107 Stat. 213, related to area health education center programs.

§ 293k. Family medicine, general internal medicine, general pediatrics, general dentistry, pediatric dentistry, and physician assistants

(a) Training generally

The Secretary may make grants to, or enter into contracts with, any public or nonprofit private hospital, school of medicine or osteopathic medicine, or to or with a public or private nonprofit entity (which the Secretary has determined is capable of carrying out such grant or contract)—

(1) to plan, develop, and operate, or participate in, an approved professional training program (including an approved residency or internship program) in the field of family medicine, internal medicine, or pediatrics for medical (M.D. and D.O.) students, interns (including interns in internships in osteopathic medicine), residents, or practicing physicians that emphasizes training for the practice of family

medicine, general internal medicine, or general pediatrics (as defined by the Secretary);

(2) to provide financial assistance (in the form of traineeships and fellowships) to medical (M.D. and D.O.) students, interns (including interns in internships in osteopathic medicine), residents, practicing physicians, or other medical personnel, who are in need thereof, who are participants in any such program, and who plan to specialize or work in the practice of family medicine, general internal medicine, or general pediatrics;

(3) to plan, develop, and operate a program for the training of physicians who plan to teach in family medicine training programs;

(4) to provide financial assistance (in the form of traineeships and fellowships) to physicians who are participants in any such program and who plan to teach in a family medicine (including geriatrics), general internal medicine or general pediatrics training program;

(5) to meet the costs of projects to plan, develop, and operate or maintain programs for the training of physician assistants (as defined in section 295p of this title), and for the training of individuals who will teach in programs to provide such training; and

(6) to meet the costs of planning, developing, or operating programs, and to provide financial assistance to residents in such programs, of general dentistry or pediatric dentistry.

For purposes of paragraph (6), entities eligible for such grants or contracts shall include entities that have programs in dental schools, approved residency programs in the general or pediatric practice of dentistry, approved advanced education programs in the general or pediatric practice of dentistry, or approved residency programs in pediatric dentistry.

(b) Academic administrative units

(1) In general

The Secretary may make grants to or enter into contracts with schools of medicine or osteopathic medicine to meet the costs of projects to establish, maintain, or improve academic administrative units (which may be departments, divisions, or other units) to provide clinical instruction in family medicine, general internal medicine, or general pediatrics.

(2) Preference in making awards

In making awards of grants and contracts under paragraph (1), the Secretary shall give preference to any qualified applicant for such an award that agrees to expend the award for the purpose of—

(A) establishing an academic administrative unit for programs in family medicine, general internal medicine, or general pediatrics;[1]

(B) substantially expanding the programs of such a unit; or [1]

(3) Priority in making awards

In making awards of grants and contracts under paragraph (1), the Secretary shall give priority to any qualified applicant for such an award that proposes a collaborative project between departments of primary care.

(c) Priority

(1) In general

With respect to programs for the training of interns or residents, the Secretary shall give priority in awarding grants under this section to qualified applicants that have a record of training the greatest percentage of providers, or that have demonstrated significant improvements in the percentage of providers, which enter and remain in primary care practice or general or pediatric dentistry.

(2) Disadvantaged individuals

With respect to programs for the training of interns, residents, or physician assistants, the Secretary shall give priority in awarding grants under this section to qualified applicants that have a record of training individuals who are from

disadvantaged backgrounds (including racial and ethnic minorities underrepresented among primary care practice or general or pediatric dentistry).

(3) Special consideration

In awarding grants under this section the Secretary shall give special consideration to projects which prepare practitioners to care for underserved populations and other high risk groups such as the elderly, individuals with HIV–AIDS, substance abusers, homeless, and victims of domestic violence.

(d) Duration of award

The period during which payments are made to an entity from an award of a grant or contract under subsection (a) of this section may not exceed 5 years. The provision of such payments shall be subject to annual approval by the Secretary of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments.

(e) Funding

(1) Authorization of appropriations

For the purpose of carrying out this section, there is authorized to be appropriated $78,300,000 for fiscal year 1998, and such sums as may be necessary for each of the fiscal years 1999 through 2002.

(2) Allocation

(A) In general

Of the amounts appropriated under paragraph (1) for a fiscal year, the Secretary shall make available—

(i) not less than $49,300,000 for awards of grants and contracts under subsection (a) to programs of family medicine, of which not less than $8,600,000 shall be made available for awards of grants and contracts under subsection (b) for family medicine academic administrative units;

(ii) not less than $17,700,000 for awards of grants and contracts under subsection (a) to programs of general internal medicine and general pediatrics;

(iii) not less than $6,800,000 for awards of grants and contracts under subsection (a) to programs relating to physician assistants; and

(iv) not less than $4,500,000 for awards of grants and contracts under subsection (a) to programs of general or pediatric dentistry.

(B) Ratable reduction

If amounts appropriated under paragraph (1) for any fiscal year are less than the amount required to comply with subparagraph (A), the Secretary shall ratably reduce the amount to be made available under each of clauses (i) through (iv) of such subparagraph accordingly.

(July 1, 1944, c. 373, Title VII, § 747, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2042; Nov. 13, 1998, Pub.L. 105–392, Title I, § 102(3), 112 Stat. 3537 to 3539.)

[1] So in original.

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

Amendments

1998 Amendments. Nameline. Pub.L. 105–392, § 102(3)(A), rewrote the nameline which formerly read: "Family medicine".

Subsec. (a)(1). Pub.L. 105–392, § 102(3)(B)(i), inserted ", internal medicine, or pediatrics"; and inserted "that emphasizes training for the practice of family medicine, general internal medicine, or general pediatrics (as defined by the Secretary)".

Subsec. (a)(2). Pub.L. 105–392, § 102(3)(B)(ii), inserted ", general internal medicine, or general pediatrics".

Subsec. (a)(3), (4). Pub.L. 105–392, § 102(3)(B)(iii), inserted "(including geriatrics), general internal medicine or general pediatrics".

Subsec. (a)(5), (6). Pub.L. 105–392, § 102(3)(B)(iv), (v), (vii), added pars. (5), (6) and the undesignated paragraph following par. (6). [Pub.L. 105–392, § 102 contained no (3)(B)(vi)].

Subsec. (b)(1). Pub.L. 105–392, § 102(3)(C)(i), inserted ", general internal medicine, or general pediatrics".

Subsec. (b)(2)(A). Pub.L. 105–392, § 102(3)(C)(i), inserted ", general internal medicine, or general pediatrics".

Subsec. (b)(3). Pub.L. 105–392, § 102(3)(C)(ii), (iii), added par. (3).

Subsec. (c). Pub.L. 105–392, § 102(3)(D), (E), added subsec. (c) and redesignated former subsec. (c) as (d).

Subsec. (d). Pub.L. 105–392, § 102(3)(D), redesignated former subsec. (c) as (d). Former subsec. (d) redesignated (e).

Subsec. (e). Pub.L. 105–392, § 102(3)(D), redesignated former subsec. (d) as (e).

Subsec. (e)(1). Pub.L. 105–392, § 102(3)(F)(i), in subsec. (e)(1) as so redesignated, struck "$54,000,000 for each of the fiscal years 1993 through 1995." and inserting "$78,300,000 for fiscal year 1998, and such sums as may be necessary for each of the fiscal years 1999 through 2002.".

Subsec. (e)(2). Pub.L. 105–392, § 102(3)(F)(ii), rewrote subsec. (e)(2) as so redesignated, which formerly read:

"(2) **Allocation**

"Of the amounts appropriated under paragraph (1) for a fiscal year, the Secretary shall make available not less than 20 percent for awards of grants and contracts under subsection (b) of this section."

Effective and Applicability Provisions

1992 Acts. Section effective Oct. 13, 1992, see section 103 of Pub.L. 102–408, set out as a note under section 292 of this title.

§ 293*l*. Advisory committee on training in primary care medicine and dentistry

(a) Establishment

The Secretary shall establish an advisory committee to be known as the Advisory Committee on Training in Primary Care Medicine and Dentistry (in this section referred to as the 'Advisory Committee').

(b) Composition

(1) In general

The Secretary shall determine the appropriate number of individuals to serve on the Advisory Committee. Such individuals shall not be officers or employees of the Federal Government.

(2) Appointment

Not later than 90 days after November 13, 1998, the Secretary shall appoint the members of the Advisory Committee from among individuals who are health professionals. In making such appointments, the Secretary shall ensure a fair balance between the health professions, that at least 75 percent of the members of the Advisory Committee are health professionals, a broad geographic representation of members and a balance between urban and rural members. Members shall be appointed based on their competence, interest, and knowledge of the mission of the profession involved.

(3) Minority representation

In appointing the members of the Advisory Committee under paragraph (2), the Secretary shall ensure the adequate representation of women and minorities.

(c) Terms

(1) In general

A member of the Advisory Committee shall be appointed for a term of 3 years, except that of the members first appointed—

(A) ⅓ of such members shall serve for a term of 1 year;

(B) ⅓ of such members shall serve for a term of 2 years; and

(C) ⅓ of such members shall serve for a term of 3 years.

(2) Vacancies

(A) In general

A vacancy on the Advisory Committee shall be filled in the manner in which the original appointment was made and shall be subject to any conditions which applied with respect to the original appointment.

(B) Filling unexpired term

An individual chosen to fill a vacancy shall be appointed for the unexpired term of the member replaced.

(d) Duties

The Advisory Committee shall—

(1) provide advice and recommendations to the Secretary concerning policy and program development and other matters of significance concerning the activities under section 293k of this title; and

(2) not later than 3 years after Nov. 13, 1998, and annually thereafter, prepare and submit to the Secretary, and the Committee on Labor and Human Resources of the Senate, and the Committee on Commerce of the House of Representatives, a report describing the activities of the Committee, including findings and recommendations made by the Committee concerning the activities under section 293k of this title.

(e) Meetings and documents

(1) Meetings

The Advisory Committee shall meet not less than 2 times each year. Such meetings shall be held jointly with other related entities established under this subchapter [42 U.S.C.A. § 293 et seq.] where appropriate.

(2) Documents

Not later than 14 days prior to the convening of a meeting under paragraph (1), the Advisory Committee shall prepare and make available an agenda of the matters to be considered by the Advisory Committee at such meeting. At any such meeting, the Advisory Council [1] shall distribute materials with respect to the issues to be addressed at the meeting. Not later than 30 days after the adjourning of such a meeting, the Advisory Committee shall prepare and make available a summary of the meeting and any actions taken by the Committee based upon the meeting.

(f) Compensation and expenses

(1) Compensation

Each member of the Advisory Committee shall be compensated at a rate equal to the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of Title 5 for each day (including travel time) during which such member is engaged in the performance of the duties of the Committee.

(2) Expenses

The members of the Advisory Committee shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5 [5 U.S.C.A. § 5701 et seq.], while away from their homes or regular places of business in the performance of services for the Committee.

(g) FACA

The Federal Advisory Committee Act shall apply to the Advisory Committee under this section only to the extent that the provisions of such Act do not conflict with the requirements of this section.

(July 1, 1944, c. 373, Title VII, § 748, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 102(4), 112 Stat. 3539.)

[1] So in original. Probably should be "Committee".

HISTORICAL AND STATUTORY NOTES

References in Text

The Federal Advisory Committee Act, referred to in subsec. (g), is Pub.L. 96–463, Oct. 6, 1972, 86 Stat. 770, as amended, and is generally classified to the Appendix to Title 5. For complete classification of this Act to the Code, see Tables.

Prior Provisions

A prior section 293l, July 1, 1944, c. 373, Title VII, § 748, as added Oct. 13, 1992, Pub.L.

102–408, Title I, § 102, 106 Stat. 2043, and amended Oct. 27, 1992, Pub.L. 102–531, Title III, § 313(a)(3), 106 Stat. 3507, relating to funding of training programs in general internal medicine and general pediatrics, was repealed by Pub.L. 105–392, Title I, § 102(4), Nov. 13, 1998, 112 Stat. 3539.

LIBRARY REFERENCES

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United States ⟹29.

Encyclopedias

C.J.S. United States §§ 34, 62.

WESTLAW ELECTRONIC RESEARCH

United States cases: 393k[add key number]

§§ 293m to 293p. Repealed. Pub.L. 105–392, Title I, § 102(4), Nov. 13, 1998, 112 Stat. 3539

HISTORICAL AND STATUTORY NOTES

Section 293m, July 1, 1944, c. 373, Title VII, § 749, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2043, related to the funding of training for the general practice of dentistry.

Section 293n, July 1, 1944, c. 373, Title VII, § 750, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2044, related to the funding of training for physician assistants.

Section 293o, July 1, 1944, c. 373, Title VII, § 751, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2044, related to the funding of training for podiatric medicine.

Section 293p, July 1, 1944, c. 373, Title VII, § 752, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2045, related to general provisions concerning traineeships and fellowships.

PART D—INTERDISCIPLINARY, COMMUNITY-BASED LINKAGES

HISTORICAL AND STATUTORY NOTES

Amendments

1998 Amendments. Pub.L. 105–392, Title I, § 103, Nov. 13, 1998, 112 Stat. 3541, extensively revised this part which resulted in the rewriting of the part heading which previously read: "Training in certain Health Professions".

§ 294. General provisions

(a) Collaboration

To be eligible to receive assistance under this part, an academic institution shall use such assistance in collaboration with 2 or more disciplines.

(b) Activities

An entity shall use assistance under this part to carry out innovative demonstration projects for strategic workforce supplementation activities as needed to meet national goals for interdisciplinary, community-based linkages. Such assistance may be used consistent with this part—

(1) to develop and support training programs;

(2) for faculty development;

(3) for model demonstration programs;

(4) for the provision of stipends for fellowship trainees;

(5) to provide technical assistance; and

(6) for other activities that will produce outcomes consistent with the purposes of this part.

(July 1, 1944, c. 373, Title VII, § 750, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 103, 112 Stat. 3541.)

HISTORICAL AND STATUTORY NOTES

Prior Provisions

A prior section 294, July 1, 1944, c. 373, Title VII, § 761, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2045, and amended June 10, 1993, Pub.L. 103–43, Title XX, § 2014(e), 107 Stat. 217, related to public health traineeships, prior to the complete revision of this part by Pub.L. 105–392, Title I, § 103, Nov. 13, 1998, 112 Stat. 3541.

A prior section 294, Act July 1, 1944, c. 373, Title VII, § 727, as added Oct. 12, 1976, Pub.L. 94–484, Title IV, § 401(b)(3), 90 Stat. 2257, and amended Dec. 19, 1977, Pub.L. 95–215, § 4(e)(1), 91 Stat. 1506, authorized appropriations and con-

tained a statement of purpose, prior to the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Another prior section 294, Act July 1, 1944, c. 373, Title VII, § 740, as added Sept. 24, 1963, Pub.L. 88–129, § 2(b), 77 Stat. 170, and amended Oct. 13, 1964, Pub.L. 88–654, § 1(a), (b), 78 Stat. 1086; Oct. 22, 1965, Pub.L. 89–290, §§ 2(b), 4(a), (f)(1), (2), 79 Stat. 1056 to 1058; Nov. 2, 1966, Pub.L. 89–709, § 3(a), (b), 80 Stat. 1103; Nov. 3, 1966, Pub.L. 89–751, § 5(c)(1), 80 Stat. 1232; Aug. 16, 1968, Pub.L. 90–490, Title I, § 121(a)(1), (2), (5)(B), 82 Stat. 777, 778; Nov. 18, 1971, Pub.L. 92–157, Title I, § 105(e)(1), (4), (f)(2), 85 Stat. 451; Aug. 23, 1974, Pub.L. 93–385, § 2(b), 88 Stat. 741; Apr. 22, 1976, Pub.L. 94–278, Title XI, § 1105(b), 90 Stat. 416; Oct. 12, 1976, Pub.L. 94–484, Title IV, § 402, 90 Stat. 2266, which related to loan agreements for the establishment of student loan funds, was transferred to section 294m of this title which was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

LIBRARY REFERENCES

American Digest System

United States ⇐82(2).

Encyclopedias

C.J.S. United States § 122.

WESTLAW ELECTRONIC RESEARCH

United States cases: 393k[add key number]

§ 294a. Area health education centers

(a) Authority for provision of financial assistance

(1) Assistance for planning, development, and operation of programs

(A) In general

The Secretary shall award grants to and enter into contracts with schools of medicine and osteopathic medicine, and incorporated consortia made up of such schools, or the parent institutions of such schools, for projects for the planning, development and operation of area health education center programs that—

(i) improve the recruitment, distribution, supply, quality and efficiency of personnel providing health services in underserved rural and urban areas and personnel providing health services to populations having demonstrated serious unmet health care needs;

(ii) increase the number of primary care physicians and other primary care providers who provide services in underserved areas through the offering of an educational continuum of health career recruitment through clinical education concerning underserved areas in a comprehensive health workforce strategy;

(iii) carry out recruitment and health career awareness programs to recruit individuals from underserved areas and under-represented populations, including minority and other elementary or secondary students, into the health professions;

(iv) prepare individuals to more effectively provide health services to underserved areas or underserved populations through field placements, preceptorships, the conduct of or support of community-based primary care residency programs, and agreements with community-based organizations such as community health centers, migrant health centers, Indian health centers, public health departments and others;

(v) conduct health professions education and training activities for students of health professions schools and medical residents;

(vi) conduct at least 10 percent of medical student required clinical education at sites remote to the primary teaching facility of the contracting institution; and

(vii) provide information dissemination and educational support to reduce professional isolation, increase retention, enhance the practice environment, and improve health care through the timely dissemination of research findings using relevant resources.

(B) Other eligible entities

With respect to a State in which no area health education center program is in operation, the Secretary may award a grant or contract under subparagraph (A) to a school of nursing.

(C) Project terms

(i) In general

Except as provided in clause (ii), the period during which payments may be made under an award under subparagraph (A) may not exceed—

(I) in the case of a project, 12 years or

(II) in the case of a center within a project, 6 years.

(ii) Exception

The periods described in clause (i) shall not apply to projects that have completed the initial period of Federal funding under this section and that desire to compete for model awards under paragraph (2)(A).

(2) Assistance for operation of model programs

(A) In general

In the case of any entity described in paragraph (1)(A) that—

(i) has previously received funds under this section;

(ii) is operating an area health education center program; and

(iii) is no longer receiving financial assistance under paragraph (1);

the Secretary may provide financial assistance to such entity to pay the costs of operating and carrying out the requirements of the program as described in paragraph (1).

(B) Matching requirement

With respect to the costs of operating a model program under subparagraph (A), an entity, to be eligible for financial assistance under subparagraph (A), shall make available (directly or through contributions from State, county or municipal governments, or the private sector) recurring non-Federal contributions in cash toward such costs in an amount that is equal to not less than 50 percent of such costs.

(C) Limitation

The aggregate amount of awards provided under subparagraph (A) to entities in a State for a fiscal year may not exceed the lesser of—

(i) $2,000,000; or

(ii) an amount equal to the product of $250,000 and the aggregate number of area health education centers operated in the State by such entities.

(b) Requirements for centers

(1) General requirement

Each area health education center that receives funds under this section shall encourage the regionalization of health professions schools through the establishment of partnerships with community-based organizations.

(2) Service area

Each area health education center that receives funds under this section shall specifically designate a geographic area or medically underserved population to be served by the center. Such area or population shall be in a location removed from the main location of the teaching facilities of the schools participating in the program with such center.

(3) Other requirements

Each area health education center that receives funds under this section shall—

(A) assess the health personnel needs of the area to be served by the center and assist in the planning and development of training programs to meet such needs;

(B) arrange and support rotations for students and residents in family medicine, general internal medicine or general pediatrics, with at least one

center in each program being affiliated with or conducting a rotating osteopathic internship or medical residency training program in family medicine (including geriatrics), general internal medicine (including geriatrics), or general pediatrics in which no fewer than 4 individuals are enrolled in first-year positions;

(C) conduct and participate in interdisciplinary training that involves physicians and other health personnel including, where practicable, public health professionals, physician assistants, nurse practitioners, nurse midwives, and behavioral and mental health providers; and

(D) have an advisory board, at least 75 percent of the members of which shall be individuals, including both health service providers and consumers, from the area served by the center.

(c) Certain provisions regarding funding

(1) Allocation to center

Not less than 75 percent of the total amount of Federal funds provided to an entity under this section shall be allocated by an area health education center program to the area health education center. Such entity shall enter into an agreement with each center for purposes of specifying the allocation of such 75 percent of funds.

(2) Operating costs

With respect to the operating costs of the area health education center program of an entity receiving funds under this section, the entity shall make available (directly or through contributions from State, county or municipal governments, or the private sector) non-Federal contributions in cash toward such costs in an amount that is equal to not less than 50 percent of such costs, except that the Secretary may grant a waiver for up to 75 percent of the amount of the required non-Federal match in the first 3 years in which an entity receives funds under this section.

(July 1, 1944, c. 373, Title VII, § 751, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 103, 112 Stat. 3544.)

HISTORICAL AND STATUTORY NOTES

Prior Provisions

A prior section 294a, July 1, 1944, c. 373, Title VII, § 762, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2046, related to public health special projects, prior to the complete revision of this part by Pub.L. 105–392, Title I, § 103, Nov. 13, 1998, 112 Stat. 3541.

A prior section 294a, Act July 1, 1944, c. 373, Title VII, § 728, as added Oct. 12, 1976, Pub.L. 94–484, Title IV, § 401(b)(3), 90 Stat. 2257, and amended Dec. 19, 1977, Pub.L. 95–215, § 4(e)(2)–(4), 91 Stat. 1506; Dec. 17, 1980, Pub.L. 96–538, Title IV, § 401, 94 Stat. 3192; Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2726, 95 Stat. 916; Oct. 22, 1985, Pub.L. 99–129, Title I, § 101, Title II, § 208(h), 99 Stat. 523, 532; Nov. 4, 1988, Pub.L. 100–607, Title VI, §§ 602(a)–(d), 636, Title VII, § 707, 102 Stat. 3122, 3149, 3159; Nov. 18, 1988, Pub.L. 100–690, Title II, § 2615(b), 102 Stat. 4239; Aug. 16, 1989, Pub.L. 101–93, § 5(g)(1), 103 Stat. 612, related to a Federal loan insurance program, prior to the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Another prior section 294a, Act July 1, 1944, c. 373, Title VII, § 741, as added Sept. 24, 1963, Pub.L. 88–129, § 2(b), 77 Stat. 171, and amended Oct. 13, 1964, Pub.L. 88–654, § 1(c), (d), 78 Stat. 1086; Oct. 22, 1965, Pub.L. 89–290, § 4(b), (f)(3), (4), (g)(1), 79 Stat. 1057, 1058; Nov. 2, 1966, Pub.L. 89–709, § 3(c), (d), 80 Stat. 1103; Nov. 3, 1966, Pub.L. 89–751, § 4, 80 Stat. 1230; Aug. 16, 1968, Pub.L. 90–490, Title I, § 121(a)(3), (4), (5)(A), 82 Stat. 777; Nov. 18, 1971, Pub.L. 92–157, Title I, § 105(b) to (d), (e)(4), (f)(2), 85 Stat. 449 to 451; Oct. 27, 1972, Pub.L. 92–585, § 4, 86 Stat. 1293; Oct. 12, 1976, Pub.L. 94–484, Title IV, §§ 403(a), (b), (d), 407(d)(1), 90 Stat. 2266, 2279, which related to loan provisions, was transferred to prior section 294n of this title, prior to the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

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Encyclopedias

C.J.S. United States § 122.

WESTLAW ELECTRONIC RESEARCH

United States cases: 393k[add key number]

§ 294b. Health education and training centers

(a) In general

To be eligible for funds under this section, a health education training center shall be an entity otherwise eligible for funds under section 294a of this title that—

(1) addresses the persistent and severe unmet health care needs in States along the border between the United States and Mexico and in the State of Florida, and in other urban and rural areas with populations with serious unmet health care needs;

(2) establishes an advisory board comprised of health service providers, educators and consumers from the service area;

(3) conducts training and education programs for health professions students in these areas;

(4) conducts training in health education services, including training to prepare community health workers; and

(5) supports health professionals (including nursing) practicing in the area through educational and other services.

(b) Allocation of funds

The Secretary shall make available 50 percent of the amounts appropriated for each fiscal year under this section for the establishment or operation of health education training centers through projects in States along the border between the United States and Mexico and in the State of Florida.

(July 1, 1944, c. 373, Title VII, § 752, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 103, 112 Stat. 3544.)

HISTORICAL AND STATUTORY NOTES

References in Text

This section, referred to in subsec. (b), was in the original "section 752", meaning section 752 of the Public Health Service Act, July 1, 1944, c. 373, as added by Pub.L. 105–392, Title I, § 103, Nov. 13, 1998, 112 Stat. 3544, which is classified to this section. Provisions allocating appropriations for awards of grants and contracts under this section and providing that not less than 50 percent of the amount be made available for centers described in subsection (a)(1) of this section are contained in section 757(b)(1)(B) of the Public Health Service Act, which is classified to section 294g(b)(1)(B) of this title.

Prior Provisions

A prior section 294b, July 1, 1944, c. 373, Title VII, § 763, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2047, related to preventive medicine and dental public health, prior to the complete revision of this part by Pub.L. 105–392, Title I, § 103, Nov. 13, 1998, 112 Stat. 3541.

A prior section 294b, Act July 1, 1944, c. 373, Title VII, § 729, as added Oct. 12, 1976, Pub.L. 94–484, Title IV, § 401(b)(3), 90 Stat. 2258, and amended Dec. 19, 1977, Pub.L. 95–215, § 4(e)(5), 91 Stat. 1506; Sept. 29, 1979, Pub.L. 96–76, Title II, § 201, 93 Stat. 582; Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2727, 95 Stat. 917; Oct. 22, 1985, Pub.L. 99–129, Title II, § 208(g)(1), 99 Stat. 531; Nov. 4, 1988, Pub.L. 100–607, Title VI, §§ 628(5), 629(b)(2), 102 Stat. 3145, 3146, related to limitations on individually insured loans and loan insurance, prior to the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Another prior section 294b, Act July 1, 1944, c. 373, Title VII, § 742, as added Sept. 24, 1963, Pub.L. 88–129, § 2(b), 77 Stat. 172, and amended Oct. 22, 1965, Pub.L. 89–290, § 4(c), 79 Stat. 1057; Nov. 2, 1966, Pub.L. 89–709, § 3(e), 80 Stat. 1103; Nov. 3, 1966, Pub.L. 89–751, § 5(b), 80 Stat. 1232; Aug. 16, 1968, Pub.L. 90–490, Title I, § 121(b), 82 Stat. 778; July 9, 1971, Pub.L. 92–52, § 1(a), 85 Stat. 144; Nov. 18, 1971, Pub.L. 92–157, Title I, § 105(a), (f)(2), 85 Stat. 449, 451; Aug. 23, 1974, Pub.L. 93–385, § 2(a), 88 Stat. 741; Apr. 22, 1976, Pub.L. 94–278, Title XI, § 1105(a), 90 Stat. 416; Oct. 12, 1976, Pub.L. 94–484, Title I, § 101(e), Title IV, §§ 404, 406(d), 90 Stat. 2244, 2267, 2268, which related to the authorization of appropriations, was transferred to prior section 294o of this title, prior to the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

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C.J.S. United States § 122.

WESTLAW ELECTRONIC RESEARCH

United States cases: 393k[add key number]

§ 294c. Education and training relating to geriatrics

(a) Geriatric education centers

(1) In general

The Secretary shall award grants or contracts under this section to entities described in paragraphs (1), (3), or (4) of section 295p of this title, and section 853(2), for the establishment or operation of geriatric education centers.

(2) Requirements

A geriatric education center is a program that—

(A) improves the training of health professionals in geriatrics, including geriatric residencies, traineeships, or fellowships;

(B) develops and disseminates curricula relating to the treatment of the health problems of elderly individuals;

(C) supports the training and retraining of faculty to provide instruction in geriatrics;

(D) supports continuing education of health professionals who provide geriatric care; and

(E) provides students with clinical training in geriatrics in nursing homes, chronic and acute disease hospitals, ambulatory care centers, and senior centers.

(b) Geriatric training regarding physicians and dentists

(1) In general

The Secretary may make grants to, and enter into contracts with, schools of medicine, schools of osteopathic medicine, teaching hospitals, and graduate medical education programs, for the purpose of providing support (including residencies, traineeships, and fellowships) for geriatric training projects to train physicians, dentists and behavioral and mental health professionals who plan to teach geriatric medicine, geriatric behavioral or mental health, or geriatric dentistry.

(2) Requirements

Each project for which a grant or contract is made under this subsection shall—

(A) be staffed by full-time teaching physicians who have experience or training in geriatric medicine or geriatric behavioral or mental health;

(B) be staffed, or enter into an agreement with an institution staffed by full-time or part-time teaching dentists who have experience or training in geriatric dentistry;

(C) be staffed, or enter into an agreement with an institution staffed by full-time or part-time teaching behavioral mental health professionals who have experience or training in geriatric behavioral or mental health;

(D) be based in a graduate medical education program in internal medicine or family medicine or in a department of geriatrics or behavioral or mental health;

(E) provide training in geriatrics and exposure to the physical and mental disabilities of elderly individuals through a variety of service rotations, such as geriatric consultation services, acute care services, dental services, geriatric behavioral or mental health units, day and home care programs, rehabilitation services, extended care facilities, geriatric ambulatory care and comprehensive evaluation units, and community care programs for elderly mentally retarded individuals; and

(F) provide training in geriatrics through one or both of the training options described in subparagraphs (A) and (B) of paragraph (3).

(3) Training options

The training options referred to in subparagraph (F) of paragraph (2) shall be as follows:

(A) A 1-year retraining program in geriatrics for—

(i) physicians who are faculty members in departments of internal medicine, family medicine, gynecology, geriatrics, and behavioral or mental health at schools of medicine and osteopathic medicine;

(ii) dentists who are faculty members at schools of dentistry or at hospital departments of dentistry; and

(iii) behavioral or mental health professionals who are faculty members in departments of behavioral or mental health; and

(B) A 2-year internal medicine or family medicine fellowship program providing emphasis in geriatrics, which shall be designed to provide training in clinical geriatrics and geriatrics research for—

(i) physicians who have completed graduate medical education programs in internal medicine, family medicine, behavioral or mental health, neurology, gynecology, or rehabilitation medicine;

(ii) dentists who have demonstrated a commitment to an academic career and who have completed postdoctoral dental training, including postdoctoral dental education programs or who have relevant advanced training or experience; and

(iii) behavioral or mental health professionals who have completed graduate medical education programs in behavioral or mental health.

(4) Definitions

For purposes of this subsection:

(A) The term "graduate medical education program" means a program sponsored by a school of medicine, a school of osteopathic medicine, a hospital, or a public or private institution that—

(i) offers postgraduate medical training in the specialties and subspecialties of medicine; and

(ii) has been accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association through its Committee on Postdoctoral Training.

(B) The term "post-doctoral dental education program" means a program sponsored by a school of dentistry, a hospital, or a public or private institution that—

(i) offers post-doctoral training in the specialties of dentistry, advanced education in general dentistry, or a dental general practice residency; and

(ii) has been accredited by the Commission on Dental Accreditation.

(c) Geriatric faculty fellowships

(1) Establishment of program

The Secretary shall establish a program to provide Geriatric Academic Career Awards to eligible individuals to promote the career development of such individuals as academic geriatricians.

(2) Eligible individuals

To be eligible to receive an Award under paragraph (1), an individual shall—

(A) be board certified or board eligible in internal medicine, family practice, or psychiatry;

(B) have completed an approved fellowship program in geriatrics; and

(C) have a junior faculty appointment at an accredited (as determined by the Secretary) school of medicine or osteopathic medicine.

(3) Limitations

No Award under paragraph (1) may be made to an eligible individual unless the individual—

(A) has submitted to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require, and the Secretary has approved such application; and

(B) provides, in such form and manner as the Secretary may require, assurances that the individual will meet the service requirement described in subsection (e). [1]

(4) Amount and term

(A) Amount

The amount of an Award under this section shall equal $50,000 for fiscal year 1998, adjusted for subsequent fiscal years to reflect the increase in the Consumer Price Index.

(B) Term

The term of any Award made under this subsection shall not exceed 5 years.

(5) Service requirement

An individual who receives an Award under this subsection shall provide training in clinical geriatrics, including the training of interdisciplinary teams of health care professionals. The provision of such training shall constitute at least 75 percent of the obligations of such individual under the Award.

(July 1, 1944, c. 373, Title VII, § 753, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 103, 112 Stat. 3544.)

[1] So in original. Probably should be "paragraph (5)".

HISTORICAL AND STATUTORY NOTES

References in Text

Section 853(2), referred to in subsec. (a)(1), is Act July 1, 1944, c. 373, Title VIII, § 853(2), classified to section 298b(2) of this title, which was repealed by Pub.L. 105–392, Title I, § 123(1), Nov. 13, 1998, 112 Stat. 3562.

Prior Provisions

A prior section 294c, July 1, 1944, c. 373, Title VII, § 765, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2047, related to authorization of appropriations, prior to the complete revision of this part by Pub.L. 105–392, Title I, § 103, Nov. 13, 1998, 112 Stat. 3541.

A prior section 294c, Act July 1, 1944, c. 373, Title VII, § 730, as added Oct. 12, 1976, Pub.L. 94–484, Title IV, § 401(b)(3), 90 Stat. 2258, related to the sources of funds, prior to the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Another prior section 294c, Act July 1, 1944, c. 373, Title VII, § 743, as added Sept. 24, 1963, Pub.L. 88–129, § 2(b), 77 Stat. 172, and amended Oct. 22, 1965, Pub.L. 89–290, § 4(d), 79 Stat. 1057; Nov. 3, 1966, Pub.L. 89–751, § 5(c)(2), (3), 80 Stat. 1233; Aug. 16, 1968, Pub.L. 90–490, Title I, § 121(c), 82 Stat. 778; July 9, 1971, Pub.L. 92–52, § 1(b), 85 Stat. 144; Nov. 18, 1971, Pub.L. 92–157, Title I, § 105(e)(2), (f)(2), 85 Stat. 451; Oct. 12, 1976, Pub.L. 94–484, Title IV, §§ 405, 406(e), 90 Stat. 2267, 2268, which related to the distribution of assets from loan funds, was transferred to prior section 294p of this title, prior to the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

LIBRARY REFERENCES

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Encyclopedias

C.J.S. United States § 122.

WESTLAW ELECTRONIC RESEARCH

United States cases: 393k[add key number]

§ 294d. Quentin N. Burdick program for rural interdisciplinary training

(a) Grants

The Secretary may make grants or contracts under this section to help entities fund authorized activities under an application approved under subsection (c).

(b) Use of amounts

(1) In general

Amounts provided under subsection (a) shall be used by the recipients to fund interdisciplinary training projects designed to—

(A) use new and innovative methods to train health care practitioners to provide services in rural areas;

(B) demonstrate and evaluate innovative interdisciplinary methods and models designed to provide access to cost-effective comprehensive health care;

(C) deliver health care services to individuals residing in rural areas;

(D) enhance the amount of relevant research conducted concerning health care issues in rural areas; and

(E) increase the recruitment and retention of health care practitioners from rural areas and make rural practice a more attractive career choice for health care practitioners.

(2) Methods

A recipient of funds under subsection (a) may use various methods in carrying out the projects described in paragraph (1), including—

(A) the distribution of stipends to students of eligible applicants;

(B) the establishment of a post-doctoral fellowship program;

(C) the training of faculty in the economic and logistical problems confronting rural health care delivery systems; or

(D) the purchase or rental of transportation and telecommunication equipment where the need for such equipment due to unique characteristics of the rural area is demonstrated by the recipient.

(3) Administration

(A) In general

An applicant shall not use more than 10 percent of the funds made available to such applicant under subsection (a) for administrative expenses.

(B) Training

Not more than 10 percent of the individuals receiving training with funds made available to an applicant under subsection (a) shall be trained as doctors of medicine or doctors of osteopathy.

(C) Limitation

An institution that receives a grant under this section shall use amounts received under such grant to supplement, not supplant, amounts made available by such institution for activities of the type described in subsection (b)(1) in the fiscal year preceding the year for which the grant is received.

(c) Applications

Applications submitted for assistance under this section shall—

(1) be jointly submitted by at least two eligible applicants with the express purpose of assisting individuals in academic institutions in establishing long-term collaborative relationships with health care providers in rural areas; and

(2) designate a rural health care agency or agencies for clinical treatment or training, including hospitals, community health centers, migrant health centers, rural health clinics, community behavioral and mental health centers, long-term care facilities, Native Hawaiian health centers, or facilities operated by the Indian Health Service or an Indian tribe or tribal organization or Indian organization under a contract with the Indian Health Service under the Indian Self-Determination Act.

(d) Definitions

For the purposes of this section, the term "rural" means geographic areas that are located outside of standard metropolitan statistical areas.

(July 1, 1944, c. 373, Title VII, § 754, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 103, 112 Stat. 3547.)

HISTORICAL AND STATUTORY NOTES

Prior Provisions

A prior section 294d, July 1, 1944, c. 373, Title VII, § 766, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2047, related to funding of advanced training for allied health professionals, prior to the complete revision of this part by Pub.L. 105–392, Title I, § 103, Nov. 13, 1998, 112 Stat. 3541.

A prior section 294d, Act July 1, 1944, c. 373, Title VII, § 731, as added Oct. 12, 1976, Pub.L. 94–484, Title IV, § 401(b)(3), 90 Stat. 2258, and amended Aug. 1, 1977, Pub.L. 95–83, Title III, § 307(c)(1), (2), 91 Stat. 389, 390; Dec. 19, 1977, Pub.L. 95–215, § 4(a)–(d), (e)(6), 91 Stat. 1505, 1506; Dec. 17, 1980, Pub.L. 96–538, Title IV, § 402, 94 Stat. 3192; Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2728, 95 Stat. 918; Oct. 22, 1985, Pub.L. 99–129, Title II, §§ 208(a), (b)(1), (2), (c)(1), (d), (i), 211(a)(2), 99 Stat. 529–532, 539; Nov. 4, 1988, Pub.L. 100–607, Title VI, § 602(e), (f), 102 Stat. 3123; Apr. 6, 1991, Pub.L. 102–25, Title III, § 374, 105 Stat. 95; July 23, 1992, Pub.L. 102–325, Title IV, § 427(b)(2), 106 Stat. 549, related to borrowers of insured student loans issued for health professions training, prior to the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Another prior section 294d, Act July 1, 1944, c. 373, Title VII, § 744, as added Sept. 24, 1963, Pub.L. 88–129, § 2(b), 77 Stat. 173, and amended Oct. 22, 1965, Pub.L. 89–290, § 4(e), 79 Stat. 1057; Nov. 3, 1966, Pub.L. 89–751, § 5(a), 80 Stat. 1230; Aug. 16, 1968, Pub.L. 90–490, Title I, § 121(d), 82 Stat. 778; July 9, 1971, Pub.L. 92–52, § 1(c), 85 Stat. 144; Nov. 18, 1971, Pub.L. 92–157, Title I, § 105(e)(3), (f)(2), 85 Stat. 451, provided for loans to schools to capitalize health professions student loan funds, relating in subsec. (a) to fiscal year availability, terms, conditions, and limitations, institutional contributions, and interest; subsec. (b) to payments to schools to cover certain costs incurred in making student loans from borrowed funds, and authorization of appropriations; subsec. (c) to limitation on loans from revolving funds; and subsec. (d) to health professions education revolving fund, including authorization of appropriations, and was repealed by Pub.L. 94–484, Title IV, § 406(a)(1), Oct. 12, 1976, 90 Stat. 2268.

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Encyclopedias

C.J.S. United States § 122.

WESTLAW ELECTRONIC RESEARCH

United States cases: 393k[add key number]

§ 294e. Allied health and other disciplines

(a) In general

The Secretary may make grants or contracts under this section to help entities fund activities of the type described in subsection (b).

(b) Activities

Activities of the type described in this subsection include the following:

(1) Assisting entities in meeting the costs associated with expanding or establishing programs that will increase the number of individuals trained in allied health professions. Programs and activities funded under this paragraph may include—

(A) those that expand enrollments in allied health professions with the greatest shortages or whose services are most needed by the elderly;

(B) those that provide rapid transition training programs in allied health fields to individuals who have baccalaureate degrees in health-related sciences;

(C) those that establish community-based allied health training programs that link academic centers to rural clinical settings;

(D) those that provide career advancement training for practicing allied health professionals;

(E) those that expand or establish clinical training sites for allied health professionals in medically underserved or rural communities in order to increase the number of individuals trained;

(F) those that develop curriculum that will emphasize knowledge and practice in the areas of prevention and health promotion, geriatrics, long-term care, home health and hospice care, and ethics;

(G) those that expand or establish interdisciplinary training programs that promote the effectiveness of allied health practitioners in geriatric assessment and the rehabilitation of the elderly;

(H) those that expand or establish demonstration centers to emphasize innovative models to link allied health clinical practice, education, and research;

(I) those that provide financial assistance (in the form of traineeships) to students who are participants in any such program; and

(i) who plan to pursue a career in an allied health field that has a demonstrated personnel shortage; and

(ii) who agree upon completion of the training program to practice in a medically underserved community;

that shall be utilized to assist in the payment of all or part of the costs associated with tuition, fees and such other stipends as the Secretary may consider necessary; and

(J) those to meet the costs of projects to plan, develop, and operate or maintain graduate programs in behavioral and mental health practice.

(2) Planning and implementing projects in preventive and primary care training for podiatric physicians in approved or provisionally approved residency programs that shall provide financial assistance in the form of traineeships to residents who participate in such projects and who plan to specialize in primary care.

(3) Carrying out demonstration projects in which chiropractors and physicians collaborate to identify and provide effective treatment for spinal and lower-back conditions.

(July 1, 1944, c. 373, Title VII, § 755, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 103, 112 Stat. 3548.)

HISTORICAL AND STATUTORY NOTES

Prior Provisions

A prior section 294e, July 1, 1944, c. 373, Title VII, § 767, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2048, related to project grants and contracts, prior to the complete revision of this part by Pub.L. 105–392, Title I, § 103, Nov. 13, 1998, 112 Stat. 3541.

A prior section 294e, Act July 1, 1944, c. 373, Title VII, § 732, as added Oct. 12, 1976, Pub.L. 94–484, Title IV, § 401(b)(3), 90 Stat. 2260, and amended Aug. 1, 1977, Pub.L. 95–83, Title III, § 307(c)(3), (4), 91 Stat. 390; Dec. 19, 1977, Pub.L. 95–215, § 4(e)(8), (9), 91 Stat. 1506; Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2729, 95 Stat. 918; Oct. 22, 1985, Pub.L. 99–129, Title II, § 208(e), 99 Stat. 531; Nov. 4, 1988, Pub.L. 100–607, Title VI, § 602(g), 102 Stat. 3123, related to the issuance of certificates of loan insurance to eligible lenders, prior to the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Another prior section 294e, Act July 1, 1944, c. 373, Title VII, § 744, formerly § 745, as added Sept. 24, 1963, Pub.L. 88–129, § 2(b), 77 Stat. 173, and amended Nov. 18, 1971, Pub.L. 92–157, Title I, § 105(f)(2), 85 Stat. 451, renumbered § 744, Oct. 12, 1976, Pub.L. 94–484, Title IV, § 406(a)(2), 90 Stat. 2268, which related to administrative provisions, was transferred to section 294q of this title, which was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

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WESTLAW ELECTRONIC RESEARCH

United States cases: 393k[add key number]

§ 294f. Advisory committee on interdisciplinary, community-based linkages

(a) Establishment

The Secretary shall establish an advisory committee to be known as the Advisory Committee on Interdisciplinary, Community-Based Linkages (in this section referred to as the "Advisory Committee").

(b) Composition

(1) In general

The Secretary shall determine the appropriate number of individuals to serve on the Advisory Committee. Such individuals shall not be officers or employees of the Federal Government.

(2) Appointment

Not later than 90 days after November 13, 1998, the Secretary shall appoint the members of the Advisory Committee from among individuals who are health professionals from schools of the types described in sections 294a(a)(1)(A), 294a(a)(1)(B), 294c(b), 294d(3)(A), and 294e(b) of this title. In making such appointments, the Secretary shall ensure a fair balance between the health professions, that at least 75 percent of the members of the Advisory Committee are health

professionals, a broad geographic representation of members and a balance between urban and rural members. Members shall be appointed based on their competence, interest, and knowledge of the mission of the profession involved.

(3) Minority representation

In appointing the members of the Advisory Committee under paragraph (2), the Secretary shall ensure the adequate representation of women and minorities.

(c) Terms

(1) In general

A member of the Advisory Committee shall be appointed for a term of 3 years, except that of the members first appointed—

(A) ⅓ of the members shall serve for a term of 1 year;

(B) ⅓ of the members shall serve for a term of 2 years; and

(C) ⅓ of the members shall serve for a term of 3 years.

(2) Vacancies

(A) In general

A vacancy on the Advisory Committee shall be filled in the manner in which the original appointment was made and shall be subject to any conditions which applied with respect to the original appointment.

(B) Filling unexpired term

An individual chosen to fill a vacancy shall be appointed for the unexpired term of the member replaced.

(d) Duties

The Advisory Committee shall—

(1) provide advice and recommendations to the Secretary concerning policy and program development and other matters of significance concerning the activities under this part [42 U.S.C.A. § 294 et seq.]; and

(2) not later than 3 years after November 13, 1997, and annually thereafter, prepare and submit to the Secretary, and the Committee on Labor and Human Resources of the Senate, and the Committee on Commerce of the House of Representatives, a report describing the activities of the Committee, including findings and recommendations made by the Committee concerning the activities under this part [42 U.S.C.A. § 293 et seq.].

(e) Meetings and documents

(1) Meetings

The Advisory Committee shall meet not less than 3 times each year. Such meetings shall be held jointly with other related entities established under this subchapter [42 U.S.C.A. § 293 et seq.] where appropriate.

(2) Documents

Not later than 14 days prior to the convening of a meeting under paragraph (1), the Advisory Committee shall prepare and make available an agenda of the matters to be considered by the Advisory Committee at such meeting. At any such meeting, the Advisory Council [1] shall distribute materials with respect to the issues to be addressed at the meeting. Not later than 30 days after the adjourning of such a meeting, the Advisory Committee shall prepare and make available a summary of the meeting and any actions taken by the Committee based upon the meeting.

(f) Compensation and expenses

(1) Compensation

Each member of the Advisory Committee shall be compensated at a rate equal to the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of Title 5 for each day (including travel time)

during which such member is engaged in the performance of the duties of the Committee.

(2) Expenses

The members of the Advisory Committee shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of Title 5 [5 U.S.C.A. § 5701 et seq.] while away from their homes or regular places of business in the performance of services for the Committee.

(g) FACA

The Federal Advisory Committee Act shall apply to the Advisory Committee under this section only to the extent that the provisions of such Act do not conflict with the requirements of this section.

(July 1, 1944, c. 373, Title VII, § 756, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 103, 112 Stat. 3549.)

[1] So in original. Probably should be "Committee".

HISTORICAL AND STATUTORY NOTES

References in Text

The Federal Advisory Committee Act, referred to in subsec. (g), is Pub.L. 96–463, Oct. 6, 1972, 86 Stat. 770, as amended, and is generally classified to the Appendix to Title 5. For complete classification of this Act to the Code, see Tables.

Prior Provisions

Section 294f, Act July 1, 1944, c. 373, Title VII, § 733, as added Oct. 12, 1976, Pub.L. 94–484, Title IV, § 401(b)(3), 90 Stat. 2262, and amended Dec. 19, 1977, Pub.L. 95–215, § 4(e)(10), 91 Stat. 1506; Nov. 6, 1978, Pub.L. 95–598, Title III, § 327, 92 Stat. 2679; Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2730, 95 Stat. 919; July 1, 1988, Pub.L. 100–360, Title IV, § 411(f)(10)(C)(ii), 102 Stat. 781; Nov. 4, 1988, Pub.L. 100–607, Title VI, § 602(h)–(k), 102 Stat. 3123; Aug. 16, 1989, Pub.L. 101–93, § 7, 103 Stat. 615, related to default by borrowers under the Federal loan insurance program for graduate students in health professions schools, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

A prior section 294f, Act July 1, 1944, c. 373, Title VII, § 746, as added Aug. 16, 1968, Pub.L. 90–490, Title I, § 121(e), 82 Stat. 778, and amended Nov. 18, 1971, Pub.L. 92–157, Title I, §§ 105(f)(2), 106(b)(5), 85 Stat. 451, 453, provided for transfer of funds to scholarships in relation to loans to students studying in United States, and was repealed by Pub.L. 94–484, Title IV, § 406(a)(1), Oct. 12, 1976, 90 Stat. 2268.

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C.J.S. United States §§ 34, 62.

WESTLAW ELECTRONIC RESEARCH

United States cases: 393k[add key number]

§ 294g. Authorization of appropriations

(a) In general

There are authorized to be appropriated to carry out this part [42 U.S.C.A. § 294 et seq.], $55,600,000 for fiscal year 1998, and such sums as may be necessary for each of the fiscal years 1999 through 2002.

(b) Allocation

(1) In general

Of the amounts appropriated under subsection (a) for a fiscal year, the Secretary shall make available—

(A) not less than $28,587,000 for awards of grants and contracts under section 294a of this title;

(B) not less than $3,765,000 for awards of grants and contracts under section 294b of this title, of which not less than 50 percent of such amount shall be made available for centers described in subsection (a)(1) of such section; and

(C) not less than $22,631,000 for awards of grants and contracts under sections 294c, 294d, and 294e of this title.

(2) Ratable reduction

If amounts appropriated under subsection (a) for any fiscal year are less than the amount required to comply with paragraph (1), the Secretary shall ratably reduce the amount to be made available under each of subparagraphs (A) through (C) of such paragraph accordingly.

(3) Increase in amounts

If amounts appropriated for a fiscal year under subsection (a) exceed the amount authorized under such subsection for such fiscal year, the Secretary may increase the amount to be made available for programs and activities under this part [42 U.S.C.A. § 294 et seq.] without regard to the amounts specified in each of subparagraphs (A) through (C) of paragraph (2).

(c) Obligation of certain amounts

(1) Area health education center programs

Of the amounts made available under subsection (b)(1)(A) for each fiscal year, the Secretary may obligate for awards under section 294a(a)(2)—

(A) not less than 23 percent of such amounts in fiscal year 1998;

(B) not less than 30 percent of such amounts in fiscal year 1999;

(C) not less than 35 percent of such amounts in fiscal year 2000;

(D) not less than 40 percent of such amounts in fiscal year 2001; and

(E) not less than 45 percent of such amounts in fiscal year 2002.

(2) Sense of Congress

It is the sense of the Congress that—

(A) every State have an area health education center program in effect under this section; and

(B) the ratio of Federal funding for the model program under section 294a(a)(2) of this title should increase over time and that Federal funding for other awards under this section shall decrease so that the national program will become entirely comprised of programs that are funded at least 50 percent by State and local partners.

(July 1, 1944, c. 373, Title VII, § 757, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 103, 112 Stat. 3551.)

HISTORICAL AND STATUTORY NOTES

Section 294g, Act July 1, 1944, c. 373, Title VII, § 734, as added Oct. 12, 1976, Pub.L. 94–484, Title IV, § 401(b)(3), 90 Stat. 2263, and amended Oct. 22, 1985, Pub.L. 99–129, Title II, § 208(f), 99 Stat. 531, related to the establishment of a student loan insurance fund for payments in connection with defaults on federally insured loans to graduate students in health professions schools, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

A prior section 294g, Act July 1, 1944, c. 373, Title VII, § 747, as added Nov. 18, 1971, Pub.L. 92–157, Title I, § 105(f)(4), 85 Stat. 451, and amended Oct. 12, 1976, Pub.L. 94–484, Title I, § 101(f), 90 Stat. 2244, provided for student loans to citizens of United States who were full-time students in schools of medicine located outside United States, and was repealed by Pub.L. 94–484, Title IV, § 401(a), Oct. 12, 1976, 90 Stat. 2257, effective Oct. 1, 1976.

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C.J.S. United States § 122.

WESTLAW ELECTRONIC RESEARCH

United States cases: 393k[add key number]

§ 294h. Omitted

HISTORICAL AND STATUTORY NOTES

Section 294h, Act July 1, 1944, c. 373, Title VII, § 735, as added Oct. 12, 1976, Pub.L. 94–484, Title IV, § 401(b)(3), 90 Stat. 2263, and amended Aug. 1, 1977, Pub.L. 95–83, Title III, § 307(c)(5), 91 Stat. 390; Aug. 13, 1981, Pub.L.

97–35, Title XXVII, § 2709(e)(4)(B), 95 Stat. 911; Nov. 16, 1990, Pub.L. 101–597, Title IV, § 401(b)(1), 104 Stat. 3035, related to the responsibilities of the Secretary concerning a Federal program of insured loans to graduate students in health professions schools, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

§ 294i. Omitted

HISTORICAL AND STATUTORY NOTES

Prior Provisions

Section 294i, July 1, 1944, c. 373, Title VII, § 771, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2049, related to traineeships and special projects, and was omitted in the complete revision of this part by Pub.L. 105–392, Title I, § 103, Nov. 13, 1998, 112 Stat. 3542.

A prior section 294i, Act July 1, 1944, c. 373, Title VII, § 736, as added Oct. 12, 1976, Pub.L. 94–484, Title IV, § 401(b)(3), 90 Stat. 2265, and amended Aug. 1, 1977, Pub.L. 95–83, Title III, § 307(d), 91 Stat. 390, related to the power of Federal credit unions to make loans to students in accordance with Federal, State, and private student loan insurance programs, prior to the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

§§ 294j to 294m. Omitted

HISTORICAL AND STATUTORY NOTES

Section 294j, July 1, 1944, c. 373, Title VII, § 737, as added Oct. 12, 1976, Pub.L. 94–484, Title IV, § 401(b)(3), 90 Stat. 2265, and amended Aug. 1, 1977, Pub.L. 95–83, Title III, § 307(c)(6), 91 Stat. 390; Dec. 19, 1977, Pub.L. 95–215, § 4(f), 91 Stat. 1506; Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2731, 95 Stat. 919; Jan. 4, 1983, Pub.L. 97–414, § 8(i), 96 Stat. 2061; Oct. 22, 1985, Pub.L. 99–129, Title II, §§ 201(c), 204(c), 208(g)(2), 99 Stat. 525, 527, 531; Nov. 4, 1988, Pub.L. 100–607, Title VI, §§ 602(*l*), 628(6), 629(b)(2), 102 Stat. 3124, 3145, 3146, defined "eligible institution", "eligible lender", "line of credit" and school of allied health", and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Section 294j–1, July 1, 1944, c. 373, Title VII, § 737A, as added Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2732, 95 Stat. 919, related to the determination of eligible students for student assistance, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Section 294k, July 1, 1944, c. 373, Title VII, § 738, as added Oct. 12, 1976, Pub.L. 94–484, Title IV, § 401(b)(3), 90 Stat. 2265, and amended Dec. 19, 1977, Pub.L. 95–215, § 4(e)(12), 91 Stat. 1506, authorized the Secretary to repay, from the student loan insurance fund, loans of deceased or disabled borrowers, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Section 294*l*, July 1, 1944, c. 373, Title VII, § 739, as added Oct. 12, 1976, Pub.L. 94–484, Title IV, § 401(b)(3), 90 Stat. 2266, and amended Dec. 19, 1977, Pub.L. 95–215, § 4(e)(13), 91 Stat. 1506; Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2733, 95 Stat. 920, authorized the Secretary to regulate eligible institutions administering programs of student financial aid and required these institutions to record and make available information on student borrowers, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Section 294*l*–1, July 1, 1944, c. 373, Title VII, § 739A, as added Nov. 4, 1988, Pub.L. 100–607, Title VI, § 602(m), 102 Stat. 3124, provided for the reissuance and refinancing of certain student loans bearing a fixed interest rate in excess of 12 percent, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Section 294m, July 1, 1944, c. 373, Title VII, § 740, as added Sept. 24, 1963, Pub.L. 88–129, § 2(b), 77 Stat. 170, and amended Oct. 13, 1964, Pub.L. 88–654, § 1(a), (b), 78 Stat. 1086; Oct. 22, 1965, Pub.L. 89–290, §§ 2(b), 4(a), (f)(1), (2), 79 Stat. 1056–1058; Nov. 2, 1966, Pub.L. 89–709, § 3(a), (b), 80 Stat. 1103; Nov. 3, 1966, Pub.L. 89–751, § 5(c)(1), 80 Stat. 1232; Aug. 16, 1968, Pub.L. 90–490, Title I, § 121(a)(1), (2), (5)(B), 82 Stat. 777, 778; Nov. 18, 1971, Pub.L. 92–157, Title I, § 105(e)(1), (4), (f)(2), 85 Stat. 451; Aug. 23, 1974, Pub.L. 93–385, § 2(b), 88 Stat. 741; Apr. 22, 1976, Pub.L. 94–278, Title XI, § 1105(b), 90 Stat. 416; Oct. 12, 1976, Pub.L. 94–484, Title IV, § 402, 90 Stat. 2266; Oct. 22, 1985, Pub.L. 99–129, Title II, §§ 209(a)(1), (j)(1), 99 Stat. 532, 536; Nov. 4, 1988, Pub.L. 100–607, Title VI, §§ 603(a), 628(7), 629(b)(2), 102 Stat. 3125, 3145, 3146; Nov. 6, 1990, Pub.L. 101–527, § 5(a), (b), 104 Stat. 2322, authorized the Secretary to enter into loan agreements with health professions schools for the establishment of student loan funds, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

PART E—HEALTH PROFESSIONS AND PUBLIC HEALTH WORKFORCE

HISTORICAL AND STATUTORY NOTES

Amendments

1998 Amendments. Pub.L. 105–392, Title I, § 104, Nov. 13, 1998, 112 Stat. 3552, extensively revised this part which resulted in the rewriting of the part heading which previously read: "Special Training Projects".

Subpart 1—Health Professions Workforce Information and Analysis

§ 294n. Health professions workforce information and analysis

(a) Purpose

It is the purpose of this section to—

(1) provide for the development of information describing the health professions workforce and the analysis of workforce related issues; and

(2) provide necessary information for decision-making regarding future directions in health professions and nursing programs in response to societal and professional needs.

(b) Grants or contracts

The Secretary may award grants or contracts to State or local governments, health professions schools, schools of nursing, academic health centers, community-based health facilities, and other appropriate public or private nonprofit entities to provide for—

(1) targeted information collection and analysis activities related to the purposes described in subsection (a);

(2) research on high priority workforce questions;

(3) the development of a non-Federal analytic and research infrastructure related to the purposes described in subsection (a); and

(4) the conduct of program evaluation and assessment.

(c) Authorization of appropriations

(1) In general

There are authorized to be appropriated to carry out this section, $750,000 for fiscal year 1998, and such sums as may be necessary for each of the fiscal years 1999 through 2002.

(2) Reservation

Of the amounts appropriated under subsection (a) for a fiscal year, the Secretary shall reserve not less than $600,000 for conducting health professions research and for carrying out data collection and analysis in accordance with section 295K of this title.

(3) Availability of additional funds

Amounts otherwise appropriated for programs or activities under this subchapter [42 U.S.C.A. § 293 et seq.] may be used for activities under subsection (b) with respect to the programs or activities from which such amounts were made available.

(Act July 1, 1944, c. 373, Title VII, § 761, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 104(a), 112 Stat. 3552.)

HISTORICAL AND STATUTORY NOTES

Prior Provisions

A prior section 294n, Act July 1, 1944, c. 373, Title VII, § 776, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2050, and amended, which related to grants and contracts to provide health care for individuals with acquired immune deficiency syndrome, was renumbered section 2692 of Title XXVI of Act July 1, 1944, by Pub.L. 104–146, § 3(h)(3), May 20, 1996, 110 Stat. 1364, and transferred to section 300ff–111 of this title.

LIBRARY REFERENCES

American Digest System

Physicians and Surgeons ⟹9.
United States ⟹40.

Encyclopedias

C.J.S. Physicians, Surgeons, and other Health-Care Providers §§ 9 to 10.
C.J.S. United States §§ 38 to 40.

WESTLAW ELECTRONIC RESEARCH

Physicians and Surgeons cases: 299k[add key number]
United States cases: 393k[add key number]

§ 294o. Advisory Council on Graduate Medical Education

(a) Establishment; duties

There is established the Council on Graduate Medical Education (in this section referred to as the "Council"). The Council shall—

(1) make recommendations to the Secretary of Health and Human Services (in this section referred to as the "Secretary"), and to the Committee on Labor and Human Resources of the Senate, and the Committee on Energy and Commerce of the House of Representatives, with respect to—

(A) the supply and distribution of physicians in the United States;

(B) current and future shortages or excesses of physicians in medical and surgical specialties and subspecialties;

(C) issues relating to foreign medical school graduates;

(D) appropriate Federal policies with respect to the matters specified in subparagraphs (A), (B), and (C), including policies concerning changes in the financing of undergraduate and graduate medical education programs and changes in the types of medical education training in graduate medical education programs;

(E) appropriate efforts to be carried out by hospitals, schools of medicine, schools of osteopathic medicine, and accrediting bodies with respect to the matters specified in subparagraphs (A), (B), and (C), including efforts for changes in undergraduate and graduate medical education programs; and

(F) deficiencies in, and needs for improvements in, existing data bases concerning the supply and distribution of, and postgraduate training programs for, physicians in the United States and steps that should be taken to eliminate those deficiencies; and

(2) encourage entities providing graduate medical education to conduct activities to voluntarily achieve the recommendations of the Council under paragraph (1)(E).

(b) Composition

The Council shall be composed of—

(1) the Assistant Secretary for Health or the designee of the Assistant Secretary;

(2) the Administrator of the Health Care Financing Administration;

(3) the Chief Medical Director [now Under Secretary for Health] of the Department of Veterans Affairs;

(4) 6 members appointed by the Secretary to include representatives of practicing primary care physicians, national and specialty physician organizations, foreign medical graduates, and medical student and house staff associations;

(5) 4 members appointed by the Secretary to include representatives of schools of medicine and osteopathic medicine and public and private teaching hospitals; and

(6) 4 members appointed by the Secretary to include representatives of health insurers, business, and labor.

(c) Terms of appointed members

(1) In general; staggered rotation

Members of the Council appointed under paragraphs (4), (5), and (6) of subsection (b) shall be appointed for a term of 4 years, except that the term of office of the

members first appointed shall expire, as designated by the Secretary at the time of appointment, 4 at the end of 1 year, 4 at the end of 2 years, 3 at the end of 3 years, and 3 at the end of 4 years.

(2) Date certain for appointment

The Secretary shall appoint the first members to the Council under paragraphs (4), (5), and (6) of subsection (b) within 60 days after October 13, 1992.

(d) Chair

The Council shall elect one of its members as Chairman of the Council.

(e) Quorum

Nine members of the Council shall constitute a quorum, but a lesser number may hold hearings.

(f) Vacancies

Any vacancy in the Council shall not affect its power to function.

(g) Compensation

Each member of the Council who is not otherwise employed by the United States Government shall receive compensation at a rate equal to the daily rate prescribed for GS–18 under the General Schedule under section 5332 of Title 5, for each day, including traveltime,[1] such member is engaged in the actual performance of duties as a member of the Council. A member of the Council who is an officer or employee of the United States Government shall serve without additional compensation. All members of the Council shall be reimbursed for travel, subsistence, and other necessary expenses incurred by them in the performance of their duties.

(h) Certain authorities and duties

(1) Authorities

In order to carry out the provisions of this section, the Council is authorized to—

(A) collect such information, hold such hearings, and sit and act at such times and places, either as a whole or by subcommittee, and request the attendance and testimony of such witnesses and the production of such books, records, correspondence, memoranda, papers, and documents as the Council or such subcommittee may consider available; and

(B) request the cooperation and assistance of Federal departments, agencies, and instrumentalities, and such departments, agencies, and instrumentalities are authorized to provide such cooperation and assistance.

(2) Coordination of activities

The Council shall coordinate its activities with the activities of the Secretary under section 295k of this title. The Secretary shall, in cooperation with the Council and pursuant to the recommendations of the Council, take such steps as are practicable to eliminate deficiencies in the data base established under such section 295k and shall make available in its reports such comprehensive data sets as are developed pursuant to this section.

(i) Requirement regarding reports

In the reports required under subsection (a), the Council shall specify its activities during the period for which the report is made.

(j) Final report

Not later than April 1, 2002, the Council shall submit a final report under subsection (a).

(k) Termination

The Council shall terminate September 30, 2002.

(*l*) Funding

Amounts otherwise appropriated under this title may be utilized by the Secretary to support the activities of the Council.

(July 1, 1944, c. 373, Title VII, § 762, formerly Oct. 13, 1992, Pub.L. 102–408, Title III, § 301, 106 Stat. 2080; Oct 27, 1992, Pub.L. 102–531, Title III, § 313(b), 106 Stat. 3507; renumbered July 1, 1944, c. 373, Title VII, § 762 and amended Nov. 13, 1998, Pub.L. 105–392, Title I, § 104(b), 112 Stat. 3552.)

[1] So in original. Probably should be "travel time".

HISTORICAL AND STATUTORY NOTES

References in Text

This title, referred to in subsec. (*l*), is Title III of Pub.L. 102–408, Oct. 13, 1992, 106 Stat. 2080; see tables for complete classification.

Amendments

1998 Amendments. Subsec. (j). Pub.L. 105–392, § 104(b)(1), struck "1995" and inserted "2002".

Subsec. (k). Pub.L. 105–392, § 104(b)(2), struck "1995" and inserted "2002".

Subsec. (*l*). Pub.L. 105–392, § 104(b)(3), added subsec. (*l*).

Prior Provisions

A prior section 294*o*, July 1, 1944, c. 373, Title VII, § 777, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2052, related to geriatrics, prior to the complete revision of this part by Pub.L. 105–392, Title I, § 104, Nov. 13, 1998, 112 Stat. 3552.

Another prior section 294*o*, July 1, 1944, c. 373, Title VII, § 742, as added Sept. 24, 1963, Pub.L. 88–129, § 2(b), 77 Stat. 172, and amended Oct. 22, 1965, Pub.L. 89–290, § 4(c), 79 Stat. 1057; Nov. 2, 1966, Pub.L. 89–709, § 3(e), 80 Stat. 1103; Nov. 3, 1966, Pub.L. 89–751, § 5(b), 80 Stat. 1232; Aug. 16, 1968, Pub.L. 90–490, Title I, § 121(b), 82 Stat. 778; July 9, 1971, Pub.L. 92–52, § 1(a), 85 Stat. 144; Nov. 18, 1971, Pub.L. 92–157, Title I, § 105(a), (f)(2), 85 Stat. 449, 451; Aug. 23, 1974, Pub.L. 93–385, § 2(a), 88 Stat. 741; Apr. 22, 1976, Pub.L. 94–278, Title XI, § 1105(a), 90 Stat. 416; Oct. 12, 1976, Pub.L. 94–484, Title I, § 101(e), Title IV, §§ 404, 406(d), 90 Stat. 2244, 2267, 2268; Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2734, 95 Stat. 920; Oct. 22, 1985, Pub.L. 99–129, Title II, § 209(g), 99 Stat. 534; Nov. 6, 1990, Pub.L. 101–527, § 5(c), 104 Stat. 2323, authorized appropriations for the purpose of making Federal capital contributions into student loan funds of health professions schools, prior to the complete revision of this subchapter by Pub.L. 102–408, § 102, Oct. 13, 1992, 106 Stat. 1994.

§ 294p. Pediatric rheumatology

(a) In general

The Secretary, acting through the appropriate agencies, shall evaluate whether the number of pediatric rheumatologists is sufficient to address the health care needs of children with arthritis and related conditions, and if the Secretary determines that the number is not sufficient, shall develop strategies to help address the shortfall.

(b) Report to Congress

Not later than October 1, 2001, the Secretary shall submit to the Congress a report describing the results of the evaluation under subsection (a), and as applicable, the strategies developed under such subsection.

(c) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.

(July 1, 1944, c. 373, Title VII, § 763, as added Oct. 17, 2000, Pub.L. 106–310, Div. A, Title III, § 301(b), 114 Stat. 1111.)

HISTORICAL AND STATUTORY NOTES

Effective and Applicability Provisions

Section effective Oct. 17, 2000, see section 2901 of Pub.L. 106–310, Div. A, Title XXIX, set out as a note under section 201 of this title.

Prior Provisions

A prior section 294p, July 1, 1944, c. 373, Title VII, § 778, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2054, related to rural areas, prior to the complete revision of this part by Pub.L. 105–392, Title I, § 104, Nov. 13, 1998, 112 Stat. 3552.

Another prior section 294p, July 1, 1944, c. 373, Title VII, § 743, as added Sept. 24, 1963, Pub.L. 88–129, § 2(b), 77 Stat. 172, and amended Oct. 22, 1965, Pub.L. 89–290, § 4(d), 79 Stat. 1057; Nov. 3, 1966, Pub.L. 89–751, § 5(c)(2), (3), 80 Stat. 1233; Aug. 16, 1968, Pub.L. 90–490, Title I, § 121(c), 82 Stat. 778; July 9, 1971, Pub.L. 92–52, § 1(b), 85 Stat. 144; Nov. 18,

1971, Pub.L. 92–157, Title I, § 105(e)(2), (f)(2), 85 Stat. 451; Oct. 12, 1976, Pub.L. 94–484, Title IV, §§ 405, 406(e), 90 Stat. 2267, 2268; Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2736, 95 Stat. 920; Oct. 22, 1985, Pub.L. 99–129, Title II, § 209(i), 99 Stat. 536; Nov. 4, 1988, Pub.L. 100–607, Title VI, § 603(d), 102 Stat. 3125, provided for the distribution of assets from student loan funds terminated by the Secretary or health professions schools, prior to the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

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Health and Environment ⚷1, 7(3).
Key Number System Topic No. 199.
United States ⚷32, 41, 85.
Key Number System Topic No. 393.

Encyclopedias

Health and Environment, see C.J.S. §§ 4, 9, 13.
United States, see C.J.S. §§ 32, 41, 123.

§§ 294q to 294r. Omitted

HISTORICAL AND STATUTORY NOTES

Section 294q, July 1, 1944, c. 373, Title VII, § 744, formerly § 745, as added Sept. 24, 1963, Pub.L. 88–129, § 2(b), 77 Stat. 173, amended Nov. 18, 1971, Pub.L. 92–157, Title I, § 105(f)(2), 85 Stat. 451, and renumbered § 744, Oct. 12, 1976, Pub.L. 94–484, Title IV, § 406(a)(2), 90 Stat. 2268, related to administrative provisions, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Section 294q–1, July 1, 1944, c. 373, Title VII, § 745, as added Oct. 22, 1985, Pub.L. 99–129, Title II, § 209(h)(2), 99 Stat. 535, required institutions making student loans to provide designated loan information and a pre-graduation statement to borrowers, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Section 294q–2, July 1, 1944, c. 373, Title VII, § 746, as added Oct. 22, 1985, Pub.L. 99–129, Title II, § 209(h)(2), 99 Stat. 536, related to the procedures for appeal of terminations of agreements between the Secretary and health professions schools, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Section 294q–3, July 1, 1944, c. 373, Title VII, § 747, formerly § 745, as added and renumbered § 747, Oct. 22, 1985, Pub.L. 99–129, Title II, § 209(a)(4), (h)(1), 99 Stat. 532, 535, defined "school of pharmacy", and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Section 294r, July 1, 1944, c. 373, Title VII, § 751, as added Nov. 4, 1988, Pub.L. 100–607, Title VI, § 604, 102 Stat. 3126, related to the establishment by the Secretary of a program of entering into agreements with allied health personnel and allied health professions students, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

A prior section 294r, Act July 1, 1944, c. 373, Title VII, § 748, as added Oct. 12, 1976, Pub.L. 94–484, Title IV, § 408(a), 90 Stat. 2279, and amended Aug. 1, 1977, Pub.L. 95–83, Title III, § 307(f), 91 Stat. 391; Dec. 19, 1977, Pub.L. 95–215, § 3, 91 Stat. 1504; Sept. 29, 1979, Pub.L. 96–76, Title II, § 206(a), 93 Stat. 583, which related to traineeships for students in schools of public health, was redesignated section 792 of Act July 1, 1944, and amended by Pub.L. 97–35, Title XXVII, § 2746(d), Aug. 13, 1981, 95 Stat. 927, and was transferred to former section 295h–1b of this title.

A prior section 294s, Act July 1, 1944, c. 373, Title VII, § 749, as added Oct. 12, 1976, Pub.L. 94–484, Title IV, § 408(a), 90 Stat. 2280, and amended Aug. 1, 1977, Pub.L. 95–83, Title III, § 307(f), 91 Stat. 391; Oct. 17, 1979, Pub.L. 96–88, Title III, § 301(a)(1), Title V, § 507, 93 Stat. 677, 692, which related to traineeships for students in other graduate programs, was redesignated section 791A of Act July 1, 1944, and amended by Pub.L. 97–35, Title XXVII, § 2746(b)(2), Aug. 13, 1981, 95 Stat. 927, and was transferred to former section 295h–1a of this title.

§ 294z. Omitted

HISTORICAL AND STATUTORY NOTES

Section, July 1, 1944, c. 373, Title VII, § 758, as added Oct. 12, 1976, Pub.L. 94–484, Title IV, § 408(c), 90 Stat. 2289, and amended Aug. 1, 1977, Pub.L. 95–83, Title III, § 307(h), 91 Stat. 391; Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2737, 95 Stat. 920; Oct. 22, 1985, Pub.L. 99–129, Title I, § 102, Title II, § 210(a), 99 Stat. 523, 537; Nov. 4, 1988, Pub.L. 100–607, Title VI, §§ 605, 628(9), 629(b)(2), 102 Stat. 3126, 3146, related to the issuance of grants for the provision of scholarships to health professional students of exceptional financial need, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

§§ 294aa to 294cc. Omitted

HISTORICAL AND STATUTORY NOTES

Section 294aa, July 1, 1944, c. 373, Title VII, § 759, as added Oct. 12, 1976, Pub.L. 94–484, Title IV, § 408(c), 90 Stat. 2289, and amended Nov. 16, 1990, Pub.L. 101–597, Title IV, § 401(b)(1), 104 Stat. 3035, related to grants for the Lister Hill scholarship program for medical students entering the family practice of medicine, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Section 294bb, July 1, 1944, c. 373, Title VII, § 760, as added Nov. 6, 1990, Pub.L. 101–527, § 6, 104 Stat. 2323, related to grants for scholarships and other purposes for the assistance of students from disadvantaged backgrounds, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Section 294cc, July 1, 1944, c. 373, Title VII, § 761, as added Nov. 6, 1990, Pub.L. 101–527, § 6, 104 Stat. 2325, related to a loan repayment program for individuals from disadvantaged backgrounds serving on faculties of certain health professions schools, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Subpart 2—Public Health Workforce

§ 295. General provisions

(a) In general

The Secretary may award grants or contracts to eligible entities to increase the number of individuals in the public health workforce, to enhance the quality of such workforce, and to enhance the ability of the workforce to meet national, State, and local health care needs.

(b) Eligibility

To be eligible to receive a grant or contract under subsection (a) an entity shall—

(1) be—

(A) a health professions school, including an accredited school or program of public health, health administration, preventive medicine, or dental public health or a school providing health management programs;

(B) an academic health center;

(C) a State or local government; or

(D) any other appropriate public or private nonprofit entity; and

(2) prepare and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

(c) Preference

In awarding grants or contracts under this section the Secretary may grant a preference to entities—

(1) serving individuals who are from disadvantaged backgrounds (including underrepresented racial and ethnic minorities); and

(2) graduating large proportions of individuals who serve in underserved communities.

(d) Activities

Amounts provided under a grant or contract awarded under this section may be used for—

(1) the costs of planning, developing, or operating demonstration training programs;

(2) faculty development;

(3) trainee support;

(4) technical assistance;

(5) to meet the costs of projects—

(A) to plan and develop new residency training programs and to maintain or improve existing residency training programs in preventive medicine and dental public health, that have available full-time faculty members with training

and experience in the fields of preventive medicine and dental public health; and

(B) to provide financial assistance to residency trainees enrolled in such programs;

(6) the retraining of existing public health workers as well as for increasing the supply of new practitioners to address priority public health, preventive medicine, public health dentistry, and health administration needs;

(7) preparing public health professionals for employment at the State and community levels; or

(8) other activities that may produce outcomes that are consistent with the purposes of this section.

(e) Traineeships

(1) In general

With respect to amounts used under this section for the training of health professionals, such training programs shall be designed to—

(A) make public health education more accessible to the public and private health workforce;

(B) increase the relevance of public health academic preparation to public health practice in the future;

(C) provide education or training for students from traditional on-campus programs in practice-based sites; or

(D) develop educational methods and distance-based approaches or technology that address adult learning requirements and increase knowledge and skills related to community-based cultural diversity in public health education.

(2) Severe shortage disciplines

Amounts provided under grants or contracts under this section may be used for the operation of programs designed to award traineeships to students in accredited schools of public health who enter educational programs in fields where there is a severe shortage of public health professionals, including epidemiology, biostatistics, environmental health, toxicology, public health nursing, nutrition, preventive medicine, maternal and child health, and behavioral and mental health professions.

(July 1, 1944, c. 373, Title VII, § 765, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 105, 112 Stat. 3553.)

HISTORICAL AND STATUTORY NOTES

Prior Provisions

A prior section 295, July 1, 1944, c. 373, Title VII, § 781, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2055, relating to research on certain health professions issues, was repealed by Pub.L. 105–392, Title I, § 106(a)(1), Nov. 13, 1998, 112 Stat. 3557.

Another prior section 295, Act July 1, 1944, c. 373, Title VII, § 761, as added Dec. 25, 1970, Pub.L. 91–696, § 101, 84 Stat. 2080–1, and amended Oct. 17, 1979, Pub.L. 96–88, Title III, § 301(a)(1), Title V, § 507, 93 Stat. 677, 692, provided the Congressional declaration of purpose for the part, referable to public and private nonprofit medical schools and/or hospitals which provided training programs for medical students and personnel, and was repealed by Pub.L. 99–129, Title II, § 220(c), Oct. 22, 1985, 99 Stat. 544, prior to the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Another prior section 295, Act July 1, 1944, c. 373, Title VII, § 761, as added Oct. 31, 1963, Pub.L. 88–164, Title I, § 101, 77 Stat. 282, related to authorization of appropriations respecting grants for construction of mental retardation facilities, prior to the general amendment of this part by section 101 of Pub.L. 91–696, and the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Report by General Accounting Office; Assessment of Suicide Prevention Programs

Section 12(c) of Pub.L. 105–12 provided that: "Not later than 1 year after the date of enactment of this Act [Apr. 30, 1997], the Comptroller General of the United States shall submit to the Congress a report providing an assessment of programs under subsection (e) of section 781 of the Public Health Service Act (as added by subsection (b) of this section) [subsec. (e) of this section] to conduct research, provide training, and develop curricula and of the curricula offered and used by schools of medicine and osteopathic medicine in pain management, depression identification and treatment, and issues related to palliative care and suicide prevention. The purpose of the assessment shall be to determine the extent to which such programs have furthered knowledge and practice of pain management, depression identification and treatment,

and issues related to palliative care and suicide prevention."

Suicide Prevention (Including Assisted Suicide)

Section 12(a) of Pub.L. 105–12 provided that: "The purpose of this section [enacting subsec. (e) of this section, redesignating former subsec. (e) as (f), and enacting a provision set out as a note under this section] is to reduce the rate of suicide (including assisted suicide) among persons with disabilities or terminal or chronic illness by furthering knowledge and practice of pain management, depression identification and treatment, and issues related to palliative care and suicide prevention."

LIBRARY REFERENCES

American Digest System

United States ⟹82(2).

Encyclopedias

C.J.S. United States § 122.

WESTLAW ELECTRONIC RESEARCH

United States cases: 393k[add key number]

§ 295a. Public health training centers

(a) In general

The Secretary may make grants or contracts for the operation of public health training centers.

(b) Eligible entities

(1) In general

A public health training center shall be an accredited school of public health, or another public or nonprofit private institution accredited for the provision of graduate or specialized training in public health, that plans, develops, operates, and evaluates projects that are in furtherance of the goals established by the Secretary for the year 2000 in the areas of preventive medicine, health promotion and disease prevention, or improving access to and quality of health services in medically underserved communities.

(2) Preference

In awarding grants or contracts under this section the Secretary shall give preference to accredited schools of public health.

(c) Certain requirements

With respect to a public health training center, an award may not be made under subsection (a) unless the program agrees that it—

(1) will establish or strengthen field placements for students in public or nonprofit private health agencies or organizations;

(2) will involve faculty members and students in collaborative projects to enhance public health services to medically underserved communities;

(3) will specifically designate a geographic area or medically underserved population to be served by the center that shall be in a location removed from the main location of the teaching facility of the school that is participating in the program with such center; and

(4) will assess the health personnel needs of the area to be served by the center and assist in the planning and development of training programs to meet such needs.

(July 1, 1944, c. 373, Title VII, § 766, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 105, 112 Stat. 3554.)

HISTORICAL AND STATUTORY NOTES

Prior Provisions

A prior section 295a, July 1, 1944, c. 373, Title VII, § 782, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2057, relating to chiropractic demonstration projects, was repealed by Pub.L. 105–392, Title I, § 106(a)(1), Nov. 13, 1998, 112 Stat. 3557.

Another prior section 295a, Act July 1, 1944, c. 373, Title VII, § 762, as added Dec. 25, 1970, Pub.L. 91–696, § 101, 84 Stat. 2080–2, provided the authorization of appropriations under the part, and was repealed by Pub.L. 99–129, Title II, § 220(c), Oct. 22, 1985, 99 Stat. 544, prior to the complete revision of this subchapter by

Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Another prior section 295a, Act July 1, 1944, c. 373, Title VII, § 762, as added Oct. 31, 1963, Pub.L. 88–164, Title I, § 101, 77 Stat. 282, related to applications for grants for construction of mental retardation facilities, including their approval by Surgeon General and consideration of certain matters, prior to the general amendment of this part by section 101 of Pub.L. 91–696, and the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

LIBRARY REFERENCES

American Digest System

United States ⚷82(2).

Encyclopedias

C.J.S. United States § 122.

WESTLAW ELECTRONIC RESEARCH

United States cases: 393k[add key number]

§ 295b. Public health traineeships

(a) In general

The Secretary may make grants to accredited schools of public health, and to other public or nonprofit private institutions accredited for the provision of graduate or specialized training in public health, for the purpose of assisting such schools and institutions in providing traineeships to individuals described in subsection (b)(3).

(b) Certain requirements

(1) Amount

The amount of any grant under this section shall be determined by the Secretary.

(2) Use of grant

Traineeships awarded under grants made under subsection (a) shall provide for tuition and fees and such stipends and allowances (including travel and subsistence expenses and dependency allowances) for the trainees as the Secretary may deem necessary.

(3) Eligible individuals

The individuals referred to in subsection (a) are individuals who are pursuing a course of study in a health professions field in which there is a severe shortage of health professionals (which fields include the fields of epidemiology, environmental health, biostatistics, toxicology, nutrition, and maternal and child health).

(Act July 1, 1944, c. 373, Title VII, § 767, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 105, 112 Stat. 3555.)

HISTORICAL AND STATUTORY NOTES

Prior Provisions

A prior section 295b, Act July 1, 1944, c. 373, Title VII, § 763, as added Dec. 25, 1970, Pub.L. 91–696, § 101, 84 Stat. 2080–2, authorizing the Secretary to make grants, requiring applications and methods of payments, and setting limitations and conditions on the grants, as well as providing for the protection of the financial interests of the United States, was repealed by Pub.L. 99–129, Title II, § 220(c), Oct. 22, 1985, 99 Stat. 544.

Another section 295b, Act July 1, 1944, c. 373, Title VII, § 763, as added Oct. 31, 1963, Pub.L. 88–164, Title I, § 101, 77 Stat. 283, related to amount of grants for construction of mental retardation facilities, including maximum payments, advances or reimbursement, installments, conditions, and nonduplication of grants, prior to the general amendment of this part by section 101 of Pub.L. 91–696.

LIBRARY REFERENCES

American Digest System

United States ⚷82(2).

Encyclopedias

C.J.S. United States § 122.

WESTLAW ELECTRONIC RESEARCH

United States cases: 393k[add key number]

§ 295c. Preventive medicine; dental public health

(a) In general

The Secretary may make grants to and enter into contracts with schools of medicine, osteopathic medicine, public health, and dentistry to meet the costs of projects—

(1) to plan and develop new residency training programs and to maintain or improve existing residency training programs in preventive medicine and dental public health; and

(2) to provide financial assistance to residency trainees enrolled in such programs.

(b) Administration

(1) Amount

The amount of any grant under subsection (a) shall be determined by the Secretary.

(2) Eligibility

To be eligible for a grant under subsection (a), the applicant must demonstrate to the Secretary that it has or will have available full-time faculty members with training and experience in the fields of preventive medicine or dental public health and support from other faculty members trained in public health and other relevant specialties and disciplines.

(3) Other funds

Schools of medicine, osteopathic medicine, dentistry, and public health may use funds committed by State, local, or county public health officers as matching amounts for Federal grant funds for residency training programs in preventive medicine.

(Act July 1, 1944, c. 373, Title VII, § 768, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 105, 112 Stat. 3555.)

HISTORICAL AND STATUTORY NOTES

Prior Provisions

A prior section 295c, Act July 1, 1944, c. 373, Title VII, § 764 as added Dec. 25, 1970, Pub.L. 91–696, § 101, 84 Stat. 2080–2, and amended Oct. 17, 1979, Pub.L. 96–88, Title III, § 301(a)(1), Title V, § 507, 93 Stat. 677, 692, establishing the requirements of eligibility for grants, was repealed by Pub.L. 99–129, Title II, § 220(c), Oct. 22, 1985, 99 Stat. 544.

Another section 295c, Act July 1, 1944, c. 373, Title VII, § 764, as added Oct. 31, 1963, Pub.L. 88–164, Title I, § 101, 77 Stat. 283, related to recovery of expenditures under certain conditions respecting grants for construction of mental retardation facilities, prior to the general amendment of this part by section 101 of Pub.L. 91–696.

LIBRARY REFERENCES

American Digest System

United States ⟹82(2).

Encyclopedias

C.J.S. United States § 122.

WESTLAW ELECTRONIC RESEARCH

United States cases: 393k[add key number]

§ 295d. Health administration traineeships and special projects

(a) In general

The Secretary may make grants to State or local governments (that have in effect preventive medical and dental public health residency programs) or public or nonprofit private educational entities (including graduate schools of social work and business schools that have health management programs) that offer a program described in subsection (b)—

(1) to provide traineeships for students enrolled in such a program; and

(2) to assist accredited programs health administration in the development or improvement of programs to prepare students for employment with public or nonprofit private entities.

(b) Relevant programs

The program referred to in subsection (a) is an accredited program in health administration, hospital administration, or health policy analysis and planning, which program is accredited by a body or bodies approved for such purpose by the Secretary of Education and which meets such other quality standards as the Secretary of Health and Human Services by regulation may prescribe.

(c) Preference in making grants

In making grants under subsection (a), the Secretary shall give preference to qualified applicants that meet the following conditions:

(1) Not less than 25 percent of the graduates of the applicant are engaged in full-time practice settings in medically underserved communities.

(2) The applicant recruits and admits students from medically underserved communities.

(3) For the purpose of training students, the applicant has established relationships with public and nonprofit providers of health care in the community involved.

(4) In training students, the applicant emphasizes employment with public or nonprofit private entities.

(d) Certain provisions regarding traineeships

(1) Use of grant

Traineeships awarded under grants made under subsection (a) shall provide for tuition and fees and such stipends and allowances (including travel and subsistence expenses and dependency allowances) for the trainees as the Secretary may deem necessary.

(2) Preference for certain students

Each entity applying for a grant under subsection (a) for traineeships shall assure to the satisfaction of the Secretary that the entity will give priority to awarding the traineeships to students who demonstrate a commitment to employment with public or nonprofit private entities in the fields with respect to which the traineeships are awarded.

(Act July 1, 1944, c. 373, Title VII, § 769, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 105, 112 Stat. 3556.)

HISTORICAL AND STATUTORY NOTES

Prior Provisions

A prior section 295d, Act July 1, 1944, c. 373, Title VII, § 765, as added Dec. 25, 1970, Pub.L. 91–696, § 101, 84 Stat. 2080–3, and amended Oct. 17, 1979, Pub.L. 96–88, Title III, § 301(a)(1), Title V, § 507, 93 Stat. 677, 692, establishing the requisites for approval of grants, establishing separate medical school departments of family medicine and of special programs, and supplementing of non-federal funds, was repealed by Pub.L. 99–129, Title II, § 220(c), Oct. 22, 1985, 99 Stat. 544.

Another section 295d, Act July 1, 1944, c. 373, Title VII, § 765, as added Oct. 31, 1963, Pub.L. 88–164, Title I, § 101, 77 Stat. 284, related to noninterference with administration of institutions respecting grants for construction of mental retardation facilities, prior to the general amendment of this part by section 101 of Pub.L. 91–696.

LIBRARY REFERENCES

American Digest System

Colleges and Universities ⟹9.25.

Encyclopedias

C.J.S. Colleges and Universities § 33.

WESTLAW ELECTRONIC RESEARCH

Colleges and Universities cases: 81k[add key number]

§§ 295d–1, 295d–2. Repealed. Pub.L. 99–129, Title II, § 220(c), Oct. 22, 1985, 99 Stat. 544

HISTORICAL AND STATUTORY NOTES

Section 295d–1, Act July 1, 1944, c. 373, Title VII, § 766, as added Dec. 25, 1970, Pub.L. 91–696, § 101, 84 Stat. 2080–4, provided for the

establishment and funding of planning and developmental grants.

A prior section 295d–1, Act July 1, 1944, c. 373, Title VII, § 766, as added Oct. 31, 1963, Pub.L. 88–164, Title I, § 101, 77 Stat. 284, related to definitions in connection with grants for construction of mental retardation research facilities, prior to the general amendment of this part by section 101 of Pub.L. 91–696.

Section 295d–2, Act July 1, 1944, c. 373, Title VII, § 767, as added Dec. 25, 1970, Pub.L. 91–696, § 101, 84 Stat. 2080–4, established an Advisory Council on Family Medicine, its duties and functions, appointment of members and their terms of office as well as compensation for members.

Effective Date of Repeal

Repeal effective Oct. 22, 1985, see section 228 of Pub.L. 99–129, set out as a note under section 254*l* of this title.

§ 295e. Authorization of appropriations

(a) In general

For the purpose of carrying out this subpart, there is authorized to be appropriated $9,100,000 for fiscal year 1998, and such sums as may be necessary for each of the fiscal years 1999 through 2002.

(b) Limitation regarding certain program

In obligating amounts appropriated under subsection (a), the Secretary may not obligate more than 30 percent for carrying out section 295b of this title.

(Act July 1, 1944, c. 373, Title VII, § 770, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 105, 112 Stat. 3556.)

HISTORICAL AND STATUTORY NOTES

Prior Provisions

A prior section 295e, Act July 1, 1944, c. 373, Title VII, § 768, as added Dec. 25, 1970, Pub.L. 91–696, § 101, 84 Stat. 2080–5, providing the included definitions under the part, was repealed by Pub.L. 99–129, Title II, § 220(c), Oct. 22, 1985, 99 Stat. 544.

LIBRARY REFERENCES

American Digest System

United States ⇐82(2).

Encyclopedias

C.J.S. United States § 122.

WESTLAW ELECTRONIC RESEARCH

United States cases: 393k[add key number]

§§ 295e–1 to 295e–5. Repealed. Pub.L. 99–129, Title II, § 220(c), Oct. 22, 1985, 99 Stat. 544

HISTORICAL AND STATUTORY NOTES

Section 295e–1, Act July 1, 1944, c. 373, Title VII, § 767, as added Nov. 18, 1971, Pub.L. 92–157, Title I, § 107(b), 85 Stat. 457, and amended Oct. 12, 1976, Pub.L. 94–484, Title I, § 101(g), 90 Stat. 2244, established grants to public or nonprofit private hospitals for training, traineeships, and fellowships in family medicine and authorized appropriations for those grants.

Section 295e–2, Act July 1, 1944, c. 373, Title VII, § 768, as added Nov. 18, 1971, Pub.L. 92–157, Title I, § 107(b), 85 Stat. 458, and amended Oct. 12, 1976, Pub.L. 94–484, Title I, § 101(h), 90 Stat. 2244, established grants for postgraduate training programs for physicians and dentists and authorized the appropriations for those grants.

Section 295e–3, Act July 1, 1944, c. 373, Title VII, § 769, as added Nov. 18, 1971, Pub.L. 92–157, Title I, § 107(b), 85 Stat. 459, and amended Oct. 12, 1976, Pub.L. 94–484, Title I, § 101(i), 90 Stat. 2245, authorized grants and appropriations for training, traineeships, and fellowships for health professions training personnel.

Section 295e–4, Act July 1, 1944, c. 373, Title VII, § 769A, as added Nov. 18, 1971, Pub.L. 92–157, Title I, § 107(b), 85 Stat. 459, and amended Oct. 12, 1976, Pub.L. 94–484, Title I, § 101(j), 90 Stat. 2245, established grants and authorized appropriations for grants to computer technology health care demonstration programs.

Section 295e–5, Act July 1, 1944, c. 373, Title VII, § 769B, as added Nov. 18, 1971, Pub.L. 92–157, Title I, § 107(b), 85 Stat. 460, required applications for grants, which had to be approved by the Secretary, with payment limitations.

Effective Date of Repeal

Repeal effective Oct. 22, 1985, see section 228 of Pub.L. 99–129, set out as a note under section 254*l* of this title.

§§ 295f to 295f–3. Repealed. July 1, 1944, c. 373, Title VII, § 773, as added Nov. 4, 1988, Pub.L. 100–607, § 606(b), 102 Stat. 3127

HISTORICAL AND STATUTORY NOTES

Effective Date of Repeal

Repeal effective Oct. 1, 1990, pursuant to Act July 1, 1944, c. 373, Title VII, § 773, as added Nov. 4, 1988, Pub.L. 100–607, Title VI, § 606(b), 102 Stat. 3127, which, prior to repeal, was set out as section 295f–3 of this title.

§§ 295g to 295g–2. Omitted

HISTORICAL AND STATUTORY NOTES

Section 295g, Act July 1, 1944, c. 373, Title VII, § 780, as added Oct. 12, 1976, Pub.L. 94–484, Title VIII, § 801(a), 90 Stat. 2311, and amended Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2738, 95 Stat. 921; Oct. 22, 1985, Pub.L. 99–129, Title I, § 103, Title II, § 212, 99 Stat. 523, 540; Nov. 4, 1988, Pub.L. 100–607, Title VI, §§ 607, 629(b)(1), 102 Stat. 3127, 3146; Aug. 16, 1989, Pub.L. 101–93, § 5(*o*)(3), 103 Stat. 614, related to the issuance of project grants to schools of medicine and osteopathic medicine for the establishment of departments of family medicine, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Another prior section 295g, Act July 1, 1944, c. 373, Title VII, § 780, as added Oct. 22, 1965, Pub.L. 89–290, § 2(a), 79 Stat. 1055, and amended Aug. 16, 1968, Pub.L. 90–490, Title I, §§ 111(c)(4), 122(a)–(c), 82 Stat. 777, 779; July 9, 1971, Pub.L. 92–52, § 2, 85 Stat. 144; Nov. 18, 1971, Pub.L. 92–157, Title I, §§ 106(a), (b)(3), (4), 108(b)(2), Title III, § 301(g), 85 Stat. 452, 453, 461, 464; Oct. 12, 1976, Pub.L. 94–484, Title I, § 101(p), 90 Stat. 2245, related to scholarship grants for study in United States: subsec. (a) authorizing grants to professional educational institutions for annual award of scholarships to their students; subsec. (b) prescribing amount of grants for fiscal years ending June 30, 1972, through June 30, 1976, and fiscal years ending Sept. 30, 1977, through Sept. 30, 1979, for awards to students who initially received awards from grants to schools for fiscal years ending before July 1, 1976; subsec. (c) providing for eligibility of scholarship recipients for fiscal years ending June 30, 1972, through June 30, 1976, and enrolled and in good standing as full-time students and in receipt of initial scholarship awards out of grants for fiscal years ending prior to July 1, 1976, for awards from grants for fiscal years ending Sept. 30, 1977, through Sept. 30, 1979, and limiting the awards to $3,500 per year to students of exceptional financial need; subsec. (d) prescribing regulations for making grants issued by the Secretary after consultation with the National Advisory Council on Health Professions Education; and subsec. (e) respecting manner of making grant payments, was repealed by § 409(a) of Pub.L. 94–484, Title IV, Oct. 12, 1976, 90 Stat. 2311.

Section 295g–1, Act July 1, 1944, c. 373, Title VII, § 781, as added Oct. 12, 1976, Pub.L. 94–484, Title VIII, § 801(a), 90 Stat. 2312, and amended Aug. 1, 1977, Pub.L. 95–83, Title III, § 307(j), 91 Stat. 392; Sept. 29, 1979, Pub.L. 96–76, Title II, § 203, 93 Stat. 582; Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2739, 95 Stat. 921; Jan. 4, 1983, Pub.L. 97–414, § 8(j), 96 Stat. 2061; Aug. 15, 1985, Pub.L. 99–91, § 7, 99 Stat. 392; Oct. 22, 1985, Pub.L. 99–129, Title I, § 104, Title II, § 213, 99 Stat. 523, 540; Nov. 4, 1988, Pub.L. 100–607, Title VI, §§ 608, 629(b)(3), 102 Stat. 3127, 3146; Aug. 16, 1989, Pub.L. 101–93, § 5(*o*)(3), (5), (6), 103 Stat. 614; Nov. 16, 1990, Pub.L. 101–597, Title IV, § 401(b)(1), 104 Stat. 3035, related to area health education centers, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Another prior section 295g–1, Act July 1, 1944, c. 373, Title VII, § 781, as added Aug. 16, 1968, Pub.L. 90–490, Title I, § 122(d), 82 Stat. 779, and amended Nov. 18, 1971, Pub.L. 92–157, Title I, §§ 105(f)(3), 106(b)(4), 85 Stat. 451, 453, provided for transfer of monies to student loan fund, and was repealed by Pub.L. 94–484, Title IV, § 409(a), Oct. 12, 1976, 90 Stat. 2290, effective Oct. 1, 1976, as provided in § 409(a) of Pub.L. 94–484.

Section 295g–2, Act July 1, 1944, c. 373, Title VII, § 782, formerly § 788A, as added Aug. 18, 1987, Pub.L. 100–97, § 3, 101 Stat. 713, renumbered and amended, Nov. 4, 1988, Pub.L. 100–607, Title VI, § 614, 102 Stat. 3136; Nov. 4, 1988, Pub.L. 100–607, Title VI, § 614(a), as amended Aug. 16, 1989, Pub.L. 101–93, § 5(i)(1), 103 Stat. 613; Aug. 16, 1989, Pub.L. 101–93, § 5(i)(2), 103 Stat. 613; Nov. 6, 1990, Pub.L. 101–527, § 4, 104 Stat. 2318, related to programs of excellence in health professions education for minorities, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Another prior section 295g–2, Acts July 1, 1944, c. 373, Title VII, § 782, as added Oct. 12, 1976, Pub.L. 94–484, Title VIII, § 801(a), 90 Stat. 2314, and amended Nov. 9, 1978, Pub.L. 95–623, § 12(e), 92 Stat. 3457, which authorized the Secretary to make grants to schools of medicine and osteopathy for programs to train United States citizens formerly enrolled in medical schools in foreign countries, authorized appropriations for those grants, and set forth reporting requirements, was repealed by Pub.L. 99–129, Title II, § 220(d), Oct. 22, 1985, 99 Stat. 544.

A prior section 295g–8a, formerly transferred to section 295g–2 of this title, Act July 1, 1944, c. 373, Title VII, § 788A, as added Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2745, 95 Stat. 925, which authorized the Secretary to make grants or enter into contracts with schools in serious financial distress to assist their operations, under certain terms and conditions, was repealed by Pub.L. 99–129, Title II, § 220(f)(1), Oct. 22, 1985, 99 Stat. 544.

§§ 295g–4 to 295g–8. Omitted

HISTORICAL AND STATUTORY NOTES

Section 295g–4, Act July 1, 1944, c. 373, Title VII, § 784, as added Oct. 12, 1976, Pub.L. 94–484, Title VIII, § 801(a), 90 Stat. 2315, and amended Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2741, 95 Stat. 922; Jan. 4, 1983, Pub.L. 97–414, § 9(f), 96 Stat. 2064; Oct. 22, 1985, Pub.L. 99–129, Title I, § 106, Title II, § 214, 99 Stat. 524, 540; Nov. 4, 1988, Pub.L. 100–607, Title VI, § 609, 102 Stat. 3130; Nov. 18, 1988, Pub.L. 100–690, Title II, § 2615(c), 102 Stat. 4239; Aug. 16, 1989, Pub.L. 101–93, § 5(o)(3), 103 Stat. 614, related to grants and contracts for training, traineeships and fellowships in general internal medicine and general pediatrics, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Section 295g–5, Act July 1, 1944, c. 373, Title VII, § 785, as added Nov. 4, 1988, Pub.L. 100–607, Title VI, § 610(a)(2), 102 Stat. 3130, related to residency programs in the general practice of dentistry, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Another prior section 295g–5, Act July 1, 1944, c. 373, Title VII, § 785, as added Oct. 12, 1976, Pub.L. 94–484, Title VIII, § 801(a), 90 Stat. 2315, which authorized grants and appropriations for occupational health training and education centers, described permissible activities and eligibility requirements, and directed the establishment of at least ten regional centers, was repealed by Pub.L. 99–129, Title II, § 220(e), Oct. 22, 1985, 99 Stat. 544.

Section 295g–6, Act July 1, 1944, c. 373, Title VII, § 786, as added Oct. 12, 1976, Pub.L. 94–484, Title VIII, § 801(a), 90 Stat. 2316, and amended Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2742, 95 Stat. 923; Oct. 22, 1985, Pub.L. 99–129, Title I, § 107, Title II, § 215, 99 Stat. 524, 540; Nov. 4, 1988, Pub.L. 100–607, Title VI, § 610(a)(1), (b), 102 Stat. 3130, 3131; Aug. 16, 1989, Pub.L. 101–93, § 5(o)(3), (6), 103 Stat. 614, authorized the Secretary to make grants, or enter into contracts, for specified family medicine programs, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Section 295g–7, Act July 1, 1944, c. 373, Title VII, § 787, as added Oct. 12, 1976, Pub.L. 94–484, Title VIII, § 801(a), 90 Stat. 2317, and amended Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2743, 95 Stat. 923; Oct. 22, 1985, Pub.L. 99–129, Title I, § 108, Title II, § 216, 99 Stat. 524, 541; Nov. 4, 1988, Pub.L. 100–607, Title VI, §§ 611(a)–(e), 628(10), 629(b)(2), 102 Stat. 3131, 3132, 3146; Nov. 18, 1988, Pub.L. 100–690, Title II, § 2615(d), (e), 102 Stat. 4239; Aug. 16, 1989, Pub.L. 101–93, § 5(h), (o)(2), 103 Stat. 612, 614, related to the provision of educational assistance to individuals from disadvantaged backgrounds, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, § 102, Oct. 13, 1992, 106 Stat. 1994.

Section 295g–7a, Act July 1, 1944, c. 373, Title VII, § 787A, as added and amended Nov. 4, 1988, Pub.L. 100–607, Title VI, §§ 612, 629(b)(2), 102 Stat. 3132, 3146, related to a retention program for health professions schools in which grants were issued to schools demonstrating sufficient graduation of students from disadvantaged backgrounds, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, § 102, Oct. 13, 1992, 106 Stat. 1994.

Section 295g–8, Act July 1, 1944, c. 373, Title VII, § 788, as added Oct. 12, 1976, Pub.L. 94–484, Title VIII, § 801(a), 90 Stat. 2318, and amended Nov. 9, 1978, Pub.L. 95–623, § 12(f), 92 Stat. 3457; Sept. 29, 1979, Pub.L. 96–76, Title II, § 205, 93 Stat. 583; Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2744(a)(1), (b)–(f), 95 Stat. 923, 924; Oct. 22, 1985, Pub.L. 99–129, Title I, § 109, Title II, § 217, 99 Stat. 524, 541; Nov. 14, 1986, Pub.L. 99–660, Title VI, § 601, 100 Stat. 3797; Dec. 1, 1987, Pub.L. 100–177, Title IV, § 401, 101 Stat. 1007; Nov. 4, 1988, Pub.L. 100–607, Title VI, §§ 613(a), 628(11), 629(b)(2), 102 Stat. 3133, 3146; Aug. 16, 1989, Pub.L. 101–93, § 5(o)(2), (3), 103 Stat. 614: July 23, 1992, Pub.L. 102–325, Title XV, § 1559, 106 Stat. 841, related to grants for special projects involving, two-year schools, faculty and curriculum development and clinical training sites, training in preventive medicine, programs for physician assistants, and certain projects with respect to hospitals and schools of podiatric medicine, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

§§ 295g–8b to 295g–10. Omitted

HISTORICAL AND STATUTORY NOTES

Section 295g–8b, Act July 1, 1944, c. 373, Title VII, § 788A, formerly § 788B, as added Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2745, 95 Stat. 926, and amended Oct. 22, 1985, Pub.L. 99–129, Title I, § 110, Title II, §§ 218, 220(f)(2)–(4), 99 Stat. 524, 543, 544; Nov. 4, 1988, Pub.L. 100–607, Title VI, §§ 622, 629(b)(2), 102 Stat. 3141, 3146; Nov. 18, 1988, Pub.L. 100–690, Title II, § 2615(g), 102 Stat. 4239; renumbered § 788A and amended Aug. 16, 1989, Pub.L. 101–93, § 5(k), (o)(4), 103 Stat. 613, 614, related to the training of health professionals with respect to acquired immune deficiency syndrome, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

A prior section 788A of Act July 1, 1944, was renumbered section 782 by section 614(a) of Pub.L. 100–607, as amended, and is classified to section 295g–2 of this title.

Section 295g–9, Act July 1, 1944, c. 373, Title VII, § 789, as added and amended Nov. 4, 1988, Pub.L. 100–607, Title VI, §§ 615(a), 629(b)(1), 102 Stat. 3136, 3146; Aug. 16, 1989, Pub.L.

101–93, § 5(o)(3), 103 Stat. 614, related to the issuance of grants to and the entering of contracts with health professions schools to promote Geriatric education centers and geriatric training, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Another prior section 295g–9, Act July 1, 1944, c. 373, Title VII, § 789, formerly § 776, as added Nov. 16, 1973, Pub.L. 93–154, § 3(a), 87 Stat. 604, renumbered Oct. 12, 1976, Pub.L. 94–484, Title VIII, § 801(b), 90 Stat. 2322, and amended)ct. 21, 1976, Pub.L. 94–573, § 12, 90 Stat. 2717; July 10, 1979, Pub.L. 96–32, § 7(h), 93 Stat. 84; Aug. 1, 1977, Pub.L. 95–83, Title III, § 307(k), 91 Stat. 392; Dec. 12, 1979, Pub.L. 96–142, Title I, § 102, 93 Stat. 1067, as amended Sept. 13, 1982, Pub.L. 97–258, § 4(b), 96 Stat. 1067, which provided for grants and contracts for training in emergency medical services, established eligibility requirements and prohibitions as well as funding cycles, and authorized the appropriations under this section, was repealed by Pub.L. 99–129, Title II, § 220(g), Oct. 22, 1985, 99 Stat. 544.

Section 295g–10, Act July 1, 1944, c. 373, Title VII, § 790, as added Oct. 12, 1976, Pub.L. 94–484, Title VIII, § 801(c), 90 Stat. 2322, and amended Sept. 13, 1982, Pub.L. 97–258, § 4(b), 96 Stat. 1067; Nov. 4, 1988, Pub.L. 100–607, Title VI, § 616(a), (b), 102 Stat. 3138, provided general provisions relating to grants and contracts for programs and projects concerning the training of health personnel, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

§ 295g–10a. Repealed. Pub.L. 102–408, § 311, Oct. 13, 1992, 106 Stat. 2091

HISTORICAL AND STATUTORY NOTES

Section, Pub.L. 100–607, Title VI, § 633, Nov. 4, 1988, 102 Stat. 3147, required with respect to the application and award process for certain health personnel training programs the semiannual issuance of solicitations for grant applications and the preliminary review of applications for technical sufficiency.

§ 295g–11. Omitted

HISTORICAL AND STATUTORY NOTES

Section, Act July 1, 1944, c. 373, Title VII, § 790A, as added Nov. 4, 1988, Pub.L. 100–607, Title VI, § 617, 102 Stat. 3140, authorized, subject to certain prohibitions and limitations, grants and contracts to schools of public health for planning, developing, demonstrating, operating and evaluating special projects concerning preventive medicine, health promotion and disease prevention, increasing the enrollment of individuals from disadvantaged backgrounds, and improving access and quality in health care, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Another prior section 295g–11, Act July 1, 1944, c. 373, Title VII, § 785, as added Nov. 18, 1971, Pub.L. 92–157, Title I, § 106(b)(6), 85 Stat. 453, and amended Oct. 12, 1976, Pub.L. 94–484, Title I, § 101(q), 90 Stat. 2245, which provided scholarship grants for study abroad, subsec. (a) relating to authority of Secretary, subsec. (b) to financial need of the student, domestic medical practice agreement, and maximum amount of scholarships, subsec. (c) to regulations issued, after consultation with the National Advisory Council on Health Professions Education, subsec. (d) to eligibility of scholarship recipients, and subsec. (e) authorizing appropriations in annual amounts of $150,000 for fiscal years ending June 30, 1972, through 1976, and for fiscal year ending Sept. 30, 1977, and next two fiscal years such amounts necessary to continue making grants to students who received grants from funds made available for fiscal years ending before July 1, 1976, was repealed by Pub.L. 94–484, Title IV, § 409(a), Oct. 12, 1976, 90 Stat. 2290.

§ 295h. Omitted

HISTORICAL AND STATUTORY NOTES

Section, Act July 1, 1944, c. 373, Title VII, § 791, as added Oct. 12, 1976, Pub.L. 94–484, Title VII, § 701(a), 90 Stat. 2303, and amended Oct. 17, 1979, Pub.L. 96–88, Title III, § 301(a)(1), Title V, § 507, 93 Stat. 677, 692; Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2746(b)(1), 95 Stat. 927; Jan. 4, 1983, Pub.L. 97–414, § 8(k)(2), 96 Stat. 2061; Oct. 22, 1985, Pub.L. 99–129, Title I, § 111, Title II, § 219, 99 Stat. 524, 543; Nov. 4, 1988, Pub.L. 100–607, Title VI, § 618, 102 Stat. 3140; Nov. 18, 1988, Pub.L. 100–690, Title II, § 2615(f), 102 Stat. 4239; Aug. 16, 1989, Pub.L. 101–93, § 5(j), 103 Stat. 613, related to grants for graduate programs in health administration, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Another prior section 295h, Act July 1, 1944, c. 373, Title VII, § 791, as added Nov. 3, 1966, Pub.L. 89–751, § 2, 80 Stat. 1222, and amended Aug. 16, 1968, Pub.L. 90–490, Title III, § 301(a)(1), 82 Stat. 788; Nov. 2, 1970, Pub.L. 91–519, Title II, § 201, 84 Stat. 1344, prior to its omission in general amendment of this part by Pub.L. 94–484, Title VII, § 701(a), Oct. 12, 1976, 90 Stat. 2303, provided for grants for construction of teaching facilities of allied health professions personnel, and in: subsec. (a) authorization of appropriations; subsec. (b) approval of applications for construction grants; subsec. (c)

amount of construction grants and payments; and subsec. (d) recapture of payments.

§§ 295h–1a to 295h–2. Omitted

HISTORICAL AND STATUTORY NOTES

Section 295h–1a, Act July 1, 1944, c. 373, Title VII, § 791A, formerly § 749, as added Oct. 12, 1976, Pub.L. 94–484, Title IV, § 408(a), 90 Stat. 2280, and amended Aug. 1, 1977, Pub.L. 95–83, Title III, § 307(f), 91 Stat. 391; Oct. 17, 1979, Pub.L. 96–88, Title III, § 301(a)(1), Title V, § 507, 93 Stat. 677, 692; renumbered § 791A and amended Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2746(b)(2), 95 Stat. 927; Jan. 4, 1983, Pub.L. 97–414, § 8(k)(1), 96 Stat. 2061; Oct. 22, 1985, Pub.L. 99–129, Title I, § 112, 99 Stat. 525; Nov. 4, 1988, Pub.L. 100–607, Title VI, § 619, 102 Stat. 3140, related to traineeships for students enrolled in graduate programs in schools other than accredited schools of public health, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Section 295h–1b, Act July 1, 1944, c. 373, Title VII, § 792, formerly § 748, as added Oct. 12, 1976, Pub.L. 94–484, Title IV, § 408(a), 90 Stat. 2279, and amended Aug. 1, 1977, Pub.L. 95–83, Title III, § 307(f), 91 Stat. 391; Dec. 19, 1977, Pub.L. 95–215, § 3, 91 Stat. 1504; Sept. 29, 1979, Pub.L. 96–76, Title II, § 206(a), 93 Stat. 583; renumbered § 792 and amended Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2746(d), 95 Stat. 927; Oct. 22, 1985, Pub.L. 99–129, Title I, § 113, 99 Stat. 525; Nov. 4, 1988, Pub.L. 100–607, Title VI, § 621, 102 Stat. 3141, related to traineeships for students in schools of public health, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

A prior section 792 of Act July 1, 1944, as added Oct. 12, 1976, Pub.L. 94–484, Title VII, § 701(a), 90 Stat. 2304, was classified to section 295h–1 of this title and was repealed by Pub.L. 97–35, Title XXVII, § 2746(c), Aug. 13, 1981, 95 Stat. 927.

Section 295h–1c, Act July 1, 1944, c. 373, Title VII, § 793, as added Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2746(f), 95 Stat. 928, and amended Oct. 22, 1985, Pub.L. 99–129, Title I, § 114, 99 Stat. 525; Nov. 4, 1988, Pub.L. 100–607, Title VI, § 629(b)(2), 102 Stat. 3146, related to the financial support of schools of medicine, osteopathic medicine, and public health that provide training in preventive medicine, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

A prior section 793 of Act July 1, 1994, was renumbered section 794 by Pub.L. 97–35, Title XXVII, § 2746(f), Aug. 13, 1981, 95 Stat. 928, and is classified to section 295h–2 of this title.

Section 295h–2, Act July 1, 1944, c. 373, Title VII, § 794, formerly § 793, as added Oct. 12, 1976, Pub.L. 94–484, Title VII, § 701(a), 90 Stat. 2305, and amended S.Res. 4, Feb. 4, 1977; Nov. 9, 1978, Pub.L. 95–623, § 12(g), 92 Stat. 3457; S.Res. 30, Mar. 7, 1979; H.Res. 549, Mar. 25, 1980; renumbered § 794, Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2746(f), 95 Stat. 928, related to the development, publication, and dissemination of statistics and annual reports respecting public and community health personnel, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

A prior section 794 of Act July 1, 1944, c. 373, Title VII, as added Nov. 3, 1966, Pub.L. 89–751, § 2, 80 Stat. 1228, was classified to section 294h–3 of this title and was repealed by Pub.L. 91–519, Title II, § 202(d), Nov. 2, 1970, 84 Stat. 1345.

Another prior section 295h–2, Act July 1, 1944, c. 373, Title VII, § 793, as added Nov. 3, 1966, Pub.L. 89–751, § 2, 80 Stat. 1228, and amended Aug. 16, 1968, Pub.L. 90–490, Title III, § 301(a)(3), 82 Stat. 788; Nov. 2, 1970, Pub.L. 91–519, Title II, § 203, 84 Stat. 1436; June 18, 1973, Pub.L. 93–45, Title I, § 109(c), 87 Stat. 93; Oct. 12, 1976, Pub.L. 94–484, Title I, § 101(s)(3), 90 Stat. 2246, prior to its omission in general amendment of this part by Pub.L. 94–484, Title VII, § 701(a), Oct. 12, 1976, 90 Stat. 2305, provided traineeships for advanced training of allied health professions personnel, including authorization of appropriations in amounts of $1,500,000; $2,500,000; $3,500,000; $5,000,000; $8,000,000; $10,000,000; $12,000,000; $6,000,000; $6,000,000; $6,000,000; and $3,900,000 for fiscal years ending June 30, 1967, through 1976, and Sept. 30, 1977.

§§ 295h–4 to 295h–7. Omitted

HISTORICAL AND STATUTORY NOTES

Section 295h–4, Act July 1, 1944, c. 373, Title VII, § 795, as added Oct. 12, 1976, Pub.L. 94–484, Title VII, § 701(a), 90 Stat. 2306, and amended Oct. 17, 1979, Pub.L. 96–88, Title III, § 301(a)(1), Title V, § 507, 93 Stat. 677, 692, defined "allied health personnel", "training center for allied health professions", and "nonprofit" for purposes of a prior subpart II ,concerning allied health personnel, of part G of prior subchapter V, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Another prior section 295h–4, Act July 1, 1944, c. 373, Title VII, § 795, as added Nov. 3, 1966, Pub.L. 89–751, § 2, 80 Stat. 1228, and amended Dec. 5, 1967, Pub.L. 90–174, § 12(e), 81 Stat. 542; Nov. 2, 1970, Pub.L. 91–519, Title II, § 202(c), 84 Stat. 1344; Nov. 18, 1971, Pub.L. 92–157, Title III, § 301(f), 85 Stat. 464, prior to its omission in general amendment of this part by Pub.L. 94–484, Title VII, § 701(a), Oct. 12, 1976, 90 Stat. 2306, defined in pars. (1)–(4) the terms "training center for allied health profes-

sions"; "full-time student"; "nonprofit"; "construction" and "cost of construction"; and "affiliated hospital".

Section 295h–5, Act July 1, 1944, c. 373, Title VII, § 796, as added Oct. 12, 1976, Pub.L. 94–484, Title VII, § 701(a), 90 Stat. 2307, and amended Aug. 1, 1977, Pub.L. 95–83, Title III, § 307(*l*), (m), 91 Stat. 392; Nov. 4, 1988, Pub.L. 100–607, Title VI, § 624, 102 Stat. 3143; Nov. 18, 1988, Pub.L. 100–690, Title II, § 2615(f)[(h)], 102 Stat. 4240, related to grants and contracts with eligible entities for projects relating to allied health, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Another prior section 295h–5, Act July 1, 1944, c. 373, Title VII, § 796, as added Nov. 3, 1966, Pub.L. 89–751, § 2, 80 Stat. 1230, prior to its omission in general amendment of this part by Pub.L. 94–484, Title VII, § 701(a), Oct. 12, 1976, 90 Stat. 2307, provided for keeping of records and audits in relation to training in allied health professions.

Section 295h–6, Act July 1, 1944, c. 373, Title VII, § 797, as added Oct. 12, 1976, Pub.L. 94–484, Title VII, § 701(a), 90 Stat. 2308, and amended Nov. 4, 1988, Pub.L. 100–607, Title VI, § 625, 102 Stat. 3144, related to traineeships for the advanced training of allied health personnel, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Another prior section 295h–6, Act July 1, 1944, c. 373, Title VII, § 797, as added Aug. 16, 1968, Pub.L. 90–490, Title III, § 301(c), 82 Stat. 788, authorized the use of up to one-half of one per centum of appropriated funds for evaluation of programs covered thereby, was repealed by Pub.L. 91–296, Title IV, § 401(b)(1)(E), June 30, 1970, 84 Stat. 352, § 401(b)(1) such Pub.L. 91–296 also providing in part that repeal of such prior section 295h–6 shall be effective with respect to appropriations for fiscal years beginning after June 30, 1970.

Section 295h–7, Act July 1, 1944, c. 373, Title VII, § 798, as added Oct. 12, 1976, Pub.L. 94–484, Title VII, § 701(a), 90 Stat. 2309, related to the provision of educational assistance to disadvantaged individuals in allied health training, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Another prior section 295h–7, Act July 1, 1944, c. 373, Title VII, § 798(a), as added Aug. 16, 1968, Pub.L. 90–490, Title III, § 301(d), 82 Stat. 788, and amended Nov. 2, 1970, Pub.L. 91–519, Title II, § 205, 84 Stat. 1354, prior to its omission in general amendment of this part by Pub.L. 94–484, Title VII, § 701(a), Oct. 12, 1976, 90 Stat. 2309, required the Secretary to conduct a study of the allied health programs.

§ 295i. Omitted

HISTORICAL AND STATUTORY NOTES

Section, Act July 1, 1944, c. 373, Title VII, § 799, as added Apr. 7, 1986, Pub.L. 99–272, Title XVII, § 17001, 100 Stat. 357, and amended Nov. 4, 1988, Pub.L. 100–607, Title VI, §§ 627, 629(b)(1), 102 Stat. 3145, 3146; Aug. 16, 1989, Pub.L. 101–93, § 5(o)(3), 103 Stat. 614; Oct. 9, 1992, Pub.L. 102–405, Title III, § 302(e), 106 Stat. 1985, related to the Council on Graduate Medical Education, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Part F—General Provisions

HISTORICAL AND STATUTORY NOTES

Amendments

1998 Amendments. Pub.L. 105–392, Title I, § 106(a)(2)(A), Nov. 13, 1998, 112 Stat. 3557, redesignated former Part G as Part F.

§ 295j. Preferences and required information in certain programs

(a) Preferences in making awards

(1) In general

Subject to paragraph (2), in making awards of grants or contracts under any of sections 293k and 294 of this title, the Secretary shall give preference to any qualified applicant that—

(A) has a high rate for placing graduates in practice settings having the principal focus of serving residents of medically underserved communities; or

(B) during the 2-year period preceding the fiscal year for which such an award is sought, has achieved a significant increase in the rate of placing graduates in such settings.

(2) Limitation regarding peer review

For purposes of paragraph (1), the Secretary may not give an applicant preference if the proposal of the applicant is ranked at or below the 20th percentile of proposals that have been recommended for approval by peer review groups.

(b) "Graduate" defined

For purposes of this section, the term "graduate" means, unless otherwise specified, an individual who has successfully completed all training and residency requirements necessary for full certification in the health profession selected by the individual.

(c) Exceptions for new programs

(1) In general

To permit new programs to compete equitably for funding under this section, those new programs that meet at least 4 of the criteria described in paragraph (3) shall qualify for a funding preference under this section.

(2) Definition

As used in this subsection, the term "new program" means any program that has graduated less than three classes. Upon graduating at least three classes, a program shall have the capability to provide the information necessary to qualify the program for the general funding preferences described in subsection (a).

(3) Criteria

The criteria referred to in paragraph (1) are the following:

(A) The mission statement of the program identifies a specific purpose of the program as being the preparation of health professionals to serve underserved populations.

(B) The curriculum of the program includes content which will help to prepare practitioners to serve underserved populations.

(C) Substantial clinical training experience is required under the program in medically underserved communities.

(D) A minimum of 20 percent of the clinical faculty of the program spend at least 50 percent of their time providing or supervising care in medically underserved communities.

(E) The entire program or a substantial portion of the program is physically located in a medically underserved community.

(F) Student assistance, which is linked to service in medically underserved communities following graduation, is available to the students in the program.

(G) The program provides a placement mechanism for deploying graduates to medically underserved communities.

(July 1, 1944, c. 373, Title VII, § 791, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2058, and amended Oct. 27, 1992, Pub.L. 102–531, Title III, § 313(a)(5), 106 Stat. 3507; Nov. 13, 1998, Pub.L. 105–392, Title I, §§ 106(a)(2)(B), 107, 112 Stat 3557, 3560.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

House Report No. 102–318 and House Conference Report No. 102–1019, see 1992 U.S. Code Cong. and Adm. News, p. 3022.

Amendments

1998 Amendments. Subsec. (a)(1). Pub.L. 105–392, § 107(b)(1), struck "sections 293k through 293*o* of this title, under section 294b of this title, or under section 294d or 294e of this title" and inserted "sections 293k and 294 of this title".

Subsec. (a)(2). Pub.L. 105–392, § 107(b)(2), struck "under section 295*o*(a) of this title" following "recommended for approval by peer review groups".

Subsec. (b). Pub.L. 105–277, § 106(a)(2)(B)(i), (ii), struck subsec. (b) and redesignated former subsec (c) as (b). Subsec. (b) formerly read:

"(b) Required submission of information

"The Secretary may make an award of a grant or contract under any of sections 293k through 293*o* of this title or under section 294b, 294d, or 294e of this title only if the applicant for the award submits to the Secretary (through the application required in section 295o(f)(2) of this title the following information regarding the programs of the applicant:

"(1) A description of rotations or preceptorships for students, or clinical training programs for residents, that have the principal focus of providing health care to medically underserved communities.

"(2) The number of faculty on admissions committees who have a clinical practice in community-based ambulatory settings in medically underserved communities.

"(3) With respect to individuals who are from disadvantaged backgrounds or from medically underserved communities, the number of such individuals who are recruited for

academic programs of the applicant, the number of such individuals who are admitted to such programs, and the number of such individuals who graduate from such programs.

"(4) If applicable, the number of recent graduates who have chosen careers in primary health care.

"(5) The number of recent graduates whose practices are serving medically underserved communities.

"(6) A description of whether and to what extent the applicant is able to operate without Federal assistance under this subchapter."

Subsec. (c). Pub.L. 105–277, §§ 106(a)(2)(B)(ii), 107(a), added subsec. (c) and redesignated former subsec. (c) as (b).

1992 Amendments. Subsec. (b). Pub.L. 102–531, Title III, § 313(a)(5)(A), substituted "section 294b, 294d, or 294e of this title" for "section 294b of this title" and "section 295o(f)(2) of this title" for "section 293p(a) of this title".

Effective and Applicability Provisions

1992 Acts. Amendment by Pub.L. 102–531 effective Oct. 13, 1992, see section 313(c) of Pub.L. 102–531, set out as a note under section 292y of this title.

Section effective on Oct. 13, 1992, see section 103 of Pub.L. 102–408, set out as a note under section 292 of this title.

Prior Provisions

A prior section 295j, Act July 1, 1944, c. 373, Title VII, § 799A, as added Nov. 4, 1988, Pub.L. 100–607, Title VI, § 637(a), 102 Stat. 3149, and amended Nov. 18, 1988, Pub.L. 100–690, Title II, § 2615(g)[(i)], 102 Stat. 4240; Aug. 16, 1989, Pub.L. 101–93, § 5(n)(2), (3), 103 Stat. 613, 614, related to grants and contracts concerning health care for rural areas, and was omitted in the complete revision of this subchapter by Pub.L. 102–408, Title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Another prior section 295j, Act July 1, 1944, c. 373, Title VII, § 799A,as added Nov. 23, 1988, Pub.L. 100–713, Title VII, § 714, 102 Stat. 4834, relating to grants and contracts to provided health care in rural areas, prior to repeal by Pub.L. 100–607, Title VI, § 637(b), Nov. 4, 1988, 102 Stat. 3151. Subsequently, section 637(b) of Pub.L. 100–607 was repealed by Pub.L. 101–93, § 5(n)(1), Aug. 16, 1989, 103 Stat. 613, and section 5(n)(2) of Pub.L. 101–93 amended this subchapter to read as if the amendment made by section 714 of Pub.L. 100–713 had not been enacted.

A prior section 791 of Act July 1, 1944, was classified to section 295h of this title prior to the general revision of this subchapter by Pub.L. 102–408.

Required Assurances Regarding Bloodborne Diseases

Section 308 of Pub.L. 102–408 provided that: "With respect to awards of grants or contracts under title VII or VIII of the Public Health Service Act [this subchapter or subchapter VI of this chapter], the Secretary of Health and Human Services may make such an award for the provision of traineeships only if the applicant for the award provides assurances satisfactory to the Secretary that all trainees will, as appropriate, receive instruction in the utilization of universal precautions and infection control procedures for the prevention of the transmission of bloodborne diseases."

§ 295k. Health professions data

(a) In general

The Secretary shall establish a program, including a uniform health professions data reporting system, to collect, compile, and analyze data on health professions personnel which program shall initially include data respecting all physicians and dentists in the States. The Secretary is authorized to expand the program to include, whenever he determines it necessary, the collection, compilation, and analysis of data respecting pharmacists, optometrists, podiatrists, veterinarians, public health personnel, audiologists, speech pathologists, health care administration personnel, nurses, allied health personnel, medical technologists, chiropractors, clinical psychologists, professional counselors, and any other health personnel in States designated by the Secretary to be included in the program. Such data shall include data respecting the training, licensure status (including permanent, temporary, partial, limited, or institutional), place or places of practice, professional specialty, practice characteristics, place and date of birth, sex, and socioeconomic background of health professions personnel and such other demographic information regarding health professions personnel as the Secretary may require.

(b) Certain authorities and requirements

(1) Sources of information

In carrying out subsection (a) of this section, the Secretary shall collect available information from appropriate local, State, and Federal agencies and other appropriate sources.

(2) Contracts for studies of health professions

The Secretary shall conduct or enter into contracts for the conduct of analytic and descriptive studies of the health professions, including evaluations and projec-

tions of the supply of, and requirements for, the health professions by specialty and geographic location. Such studies shall include studies determining by specialty and geographic location the number of health professionals (including allied health professionals and health care administration personnel) who are members of minority groups, including Hispanics, and studies providing by specialty and geographic location evaluations and projections of the supply of, and requirements for, health professionals (including allied health professionals and health care administration personnel) to serve minority groups, including Hispanics.

(3) Grants and contracts regarding States

The Secretary is authorized to make grants and to enter into contracts with States (or an appropriate nonprofit private entity in any State) for the purpose of participating in the program established under subsection (a) of this section. The Secretary shall determine the amount and scope of any such grant or contract. To be eligible for a grant or contract under this paragraph a State or entity shall submit an application in such form and manner and containing such information as the Secretary shall require. Such application shall include reasonable assurance, satisfactory to the Secretary, that—

(A) such State (or nonprofit entity within a State) will establish a program of mandatory annual registration of the health professions personnel described in subsection (a) of this section who reside or practice in such State and of health institutions licensed by such State, which registration shall include such information as the Secretary shall determine to be appropriate;

(B) such State or entity shall collect such information and report it to the Secretary in such form and manner as the Secretary shall prescribe; and

(C) such State or entity shall comply with the requirements of subsection (e) of this section.

(d)[1] Reports to Congress

The Secretary shall submit to the Congress on October 1, 1993, and biennially thereafter, the following reports:

(1) A comprehensive report regarding the status of health personnel according to profession, including a report regarding the analytic and descriptive studies conducted under this section.

(2) A comprehensive report regarding applicants to, and students enrolled in, programs and institutions for the training of health personnel, including descriptions and analyses of student indebtedness, student need for financial assistance, financial resources to meet the needs of students, student career choices such as practice specialty and geographic location and the relationship, if any, between student indebtedness and career choices.

(e) Requirements regarding personal data

(1) In general

The Secretary and each program entity shall in securing and maintaining any record of individually identifiable personal data (hereinafter in this subsection referred to as "personal data") for purposes of this section—

(A) inform any individual who is asked to supply personal data whether he is legally required, or may refuse, to supply such data and inform him of any specific consequences, known to the Secretary or program entity, as the case may be, of providing or not providing such data;

(B) upon request, inform any individual if he is the subject of personal data secured or maintained by the Secretary or program entity, as the case may be, and make the data available to him in a form comprehensible to him;

(C) assure that no use is made of personal data which use is not within the purposes of this section unless an informed consent has been obtained from the individual who is the subject of such data; and

(D) upon request, inform any individual of the use being made of personal data respecting such individual and of the identity of the individuals and entities which will use the data and their relationship to the programs under this section.

(2) Consent as precondition to disclosure

Any entity which maintains a record of personal data and which receives a request from the Secretary or a program entity for such data for purposes of this section shall not transfer any such data to the Secretary or to a program entity unless the individual whose personal data is to be so transferred gives an informed consent for such transfer.

(3) Disclosure by Secretary—

(A) Notwithstanding any other provision of law, personal data collected by the Secretary or any program entity under this section may not be made available or disclosed by the Secretary or any program entity to any person other than the individual who is the subject of such data unless (i) such person requires such data for purposes of this section, or (ii) in response to a demand for such data made by means of compulsory legal process. Any individual who is the subject of personal data made available or disclosed under clause (ii) shall be notified of the demand for such data.

(B) Subject to all applicable laws regarding confidentiality, only the data collected by the Secretary under this section which is not personal data shall be made available to bona fide researchers and policy analysts (including the Congress) for the purposes of assisting in the conduct of studies respecting health professions personnel.

(4) Definition

For purposes of this subsection, the term "program entity" means any public or private entity which collects, compiles, or analyzes health professions data under a grant, contract, or other arrangement with the Secretary under this section.

(g)[2] Technical assistance

The Secretary shall provide technical assistance to the States and political subdivisions thereof in the development of systems (including model laws) concerning confidentiality and comparability of data collected pursuant to this section.

(h) Grants and contracts regarding nonprofit entities

(1) In general

In carrying out subsection (a) of this section, the Secretary may make grants, or enter into contracts and cooperative agreements with, and provide technical assistance to, any nonprofit entity in order to establish a uniform allied health professions data reporting system to collect, compile, and analyze data on the allied health professions personnel.

(2) Reports

With respect to reports required in subsection (d) of this section, each such report made on or after October 1, 1991, shall include a description and analysis of data collected pursuant to paragraph (1).

(July 1, 1944, c. 373, Title VII, § 792, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2058, and amended Nov. 13, 1998, Pub.L. 105–392, Title I, § 106(b), 112 Stat. 3559.)

[1] So in original. No subsec. (c) has been enacted.

[2] So in original. No subsec. (f) has been enacted.

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

Amendments

1998 Amendments. Subsec. (a). Pub.L. 105–392, § 106(b), inserted "professional counselors".

Effective and Applicability Provisions

1992 Acts. Section effective on Oct. 13, 1992, see section 103 of Pub.L. 102–408, set out as a note under section 292 of this title.

Study Regarding Shortages of Licensed Pharmacists

Pub.L. 106–129, § 5, Dec. 6, 1999, 113 Stat. 1675, provided that:

"**(a) In general.**—The Secretary of Health and Human Services (in this section referred to

as the 'Secretary"), acting through the appropriate agencies of the Public Health Service, shall conduct a study to determine whether and to what extent there is a shortage of licensed pharmacists. In carrying out the study, the Secretary shall seek the comments of appropriate public and private entities regarding any such shortage.

"(b) **Report to Congress.**—Not later than 1 year after the date of the enactment of this Act [Dec. 6, 1999], the Secretary shall complete the study under subsection (a) and submit to the Congress a report that describes the findings made through the study and that contains a summary of the comments received by the Secretary pursuant to such subsection."

Advisory Council on Graduate Medical Education

Section 301 of Pub.L. 102–408, as amended Pub.L. 102–531, Title III, § 313(b), Oct. 27, 1992, 106 Stat. 3507, which related to the Advisory Council on Graduate Medical Education, formerly set out as a note under this section, was amended and redesignated as July 1, 1944, c. 373, Title VII, § 762 and classified to section 294*o* of this title by Pub.L. 105–392, Title I, § 104(b), Nov. 13, 1998, 112 Stat. 3552.

Commission on Allied Health

Section 302 of Pub.L. 102–408 provided that:

"(a) **Establishment.**—There is established an advisory council to be known as the National Commission on Allied Health (in this section referred to as the 'Commission'), which shall meet at least twice annually until such time as the final report is submitted under subsection (e).

"(b) **Duties.**—The Commission shall—

"(1) make recommendations to the Secretary of Health and Human Services (in this section referred to as the 'Secretary'), the Committee on Labor and Human Resources of the Senate, and the Committee on Energy and Commerce of the House of Representatives, with respect to—

"(A) the supply and distribution of allied health personnel throughout the United States;

"(B) current and future shortages or excesses of allied health personnel, particularly in medically underserved and rural communities;

"(C) priority research needs within the allied health professions;

"(D) appropriate Federal policies relating to the matters described in subparagraphs (A) through (C), including policies concerning changes in the financing of undergraduate and graduate allied health programs, changes in the types of allied health education, and the appropriate Federal role in the development of a research base in the allied health professions;

"(E) appropriate efforts to be carried out by health care facilities, schools and programs of allied health, and professional associations with respect to the matter referred to in subparagraph (A), including efforts for changes in undergraduate and graduate allied health education programs, and private support for research initiatives;

"(F) deficiencies and needs for improvements in existing data bases concerning the supply and distribution of training programs for allied health in the United States and steps that should be taken to eliminate such deficiencies; and

"(G) problems, and recommendations for the resolution of such problems, relating to the roles and functions of professionals within the allied health fields and other fields such as medicine and dentistry; and

"(2) encourage entities providing allied health education to conduct activities to voluntarily achieve the recommendations of the Commission.

"(c) **Composition.**—The Commission shall be composed of—

"(1) the Assistant Secretary for Health;

"(2) the Administrator of the Health Care Financing Administration;

"(3) the Assistant Secretary for Defense for Health Affairs;

"(4) the Chief Medical Director of the Department of Veterans Affairs [now, Under Secretary for Health of the Department of Veterans Affairs];

"(5) the Commissioner of the Bureau of Labor Statistics of the Department of Labor;

"(6) a representative of the National Center for Education Statistics of the Department of Education;

"(7) a representative of the Bureau of Health Professions, Health Resources and Services Administration to be appointed by the Secretary;

"(8) five individuals appointed by the Secretary to represent allied health professionals, of which—

"(A) two such individuals shall be representatives of allied health professionals who provide occupational, speech, respiratory or physical therapy services;

"(B) two such individuals shall be health professionals who provide services in underserved areas or to underserved populations; and

"(C) one such individual shall be a health professional who provides services to the elderly;

"(9) five individuals appointed by the Secretary, including representatives of schools and programs of allied health, health care facility employers of allied health personnel, health insurers, and professional organizations representing the allied health professions;

"(10) a professional knowledgeable about health occupations and professions and data policy to be appointed by the Secretary; and

"(11) a representative of the general public to be appointed by the Secretary.

"(d) **Date certain for appointments.**—Not later than 90 days after the date of the enactment of the Health Professions Education Extension Amendments of 1992 [Oct. 13, 1992], the Secretary shall appoint the members of the Commission in accordance with subsection (c).

"(e) **Reports.**—Not later than October 1, 1993, the Commission shall prepare and submit to the individual and entities described in subsection (b)(1) a progress report concerning the activities of the Commission. Not later than April 1, 1994, the Commission shall prepare and submit to such individuals and entities a final report.

"(f) **Resources for Council.**—The Secretary shall ensure that necessary resources are made available to implement the provisions of this section.

"(g) **Termination.**—The Commission shall terminate 60 days after the submission of the final report required under subsection (e)."

[Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.]

National Advisory Council on Medical Licensure

Section 307 of Pub.L. 102–408 provided that:

"(a) **Advisory Council.**—

"(1) **In general.**—The Secretary of Health and Human Services shall establish an advisory council to be known as the 'National Advisory Council on Medical Licensure'.

"(2) **Duties.**—

"(A) **Advice.**—The Council shall provide advice to the Secretary regarding the operation of the system established by the American Medical Association for the purpose of verifying and maintaining information regarding the qualifications of individuals to practice medicine, and advice regarding the establishment and operation of any similar system.

"(B) **Activities.**—In carrying out subparagraph (A), the Council shall—

"(i) monitor and review the operation of the private credentials verification system and develop recommendations regarding methods by which the system can be improved, and make recommendations for the establishment of nondiscriminatory policies and practices for the operation of the system;

"(ii) determine to what extent the system has expedited and otherwise improved the efficiency and equitable operation of the process in the States for licensing individuals to practice medicine who previously have been licensed by another State (commonly known as licensure by endorsement); and

"(iii) review the policies and practices of the States (including any relevant laws) in licensing international medical graduates and in licensing domestic medical graduates, and determine the effects of the policies.

"(3) **Composition.**—

"(A) **In general.**—The Council shall be composed of 15 voting members selected in accordance with subparagraphs (B) and (C).

"(B) **Health resources and services administration.**—The Secretary shall designate one official or employee of the Health Resources and Services Administration to serve as a member of the Council. The official or employee so designated shall be a graduate of a medical school located in the United States.

"(C) **Appointments.**—From among individuals who are not officers or employees of the Federal Government, the Secretary shall, subject to subparagraph (D), make appointments to the Council as follows:

"(i) One individual from an organization representing State authorities that license individuals to practice medicine.

"(ii) One individual representing a national organization that represents practicing physicians in the United States.

"(iii) One individual representing an organization in the United States that tests international medical graduates regarding medical knowledge.

"(iv) One individual representing an organization in the United States that tests individuals who are graduates of medical schools located in the United States regarding medical knowledge.

"(v) One physician representing one or more medical schools located in the United States.

"(vi) One individual who is a representative of the private credentials verification system.

"(vii) One individual who is a graduate of a medical school located in the United States, who has been licensed to practice medicine by a State and has been so licensed by such State for a continuous period of at least 20 years, and who has applied for and received licensure by endorsement during the 5-year period ending on the date of the enactment of this Act [Oct. 13, 1992].

"(viii) One individual who is a graduate of a medical school located in the United States and who represents a State authority that licenses individuals to practice medicine, which State either has a significant number of practicing physicians who are international medical graduates or has a significant shortage of physicians.

"(ix) One individual who is an international medical graduate and who represents a coalition representing such graduates.

"(x) One individual who is an international medical graduate and who is a native of the United States.

"(xi) One individual who is a native of a country located in southern or eastern Asia (including southern or eastern Asian islands) and who is an international medical graduate by virtue of being a graduate of a medical school located in such a country.

"(xii) One individual who is a native of a European country or of Australia or New Zealand and who is an international medical graduate by virtue of being a graduate of a medical school located in such a country.

"(xiii) One individual who is a native of a Latin American or Caribbean country and who is an international medical graduate by virtue of being a graduate of a medical school located in such a country.

"(xiv) One individual who is a native of a country located in sub-Saharan Africa and who is an international medical graduate by virtue of being a graduate of a medical school located in such a country.

At least one member appointed by the Secretary under this subparagraph shall be a physician who is practicing in a medically underserved community, as defined in section 799 of the Public Health Service Act [section 295p of this title]. A physician may serve on the Council only if the physician is licensed by one or more States to practice medicine.

"(D) **Consultation.**—The Secretary shall make the appointments described in subparagraph (C) only after consultation with relevant organizations and coalitions.

"(4) **Chair.**—From among the members appointed under paragraph (3)(C), the Council shall designate an individual to serve as the chair of the Council.

"(5) **Duration.**—The Council shall continue in existence until the submission of the report required under paragraph (7), or not later than September 30, 1995, whichever is earlier.

"(6) **Interim report.**—Not later than September 30, 1993, the Council shall submit to the Secretary, the Committee on Labor and Human Resources of the Senate and the Committee on Energy and Commerce of the House of Representatives, an interim report describing the findings and recommendations of the Council pursuant to the duties established in paragraph (2). The Secretary shall provide a copy of the report to the private credentials verification system.

"(7) **Final report.**—

"(A) **In general.**—Not later than September 30, 1995, the Council shall prepare and submit to the Secretary, the Committee on Labor and Human Resources of the Senate and the Committee on Energy and Commerce of the House of Representatives, a final report that shall include recommendations regarding activities conducted pursuant to paragraph (2), that shall include a determination as to whether the private credentials verification system is operating with a reasonable degree of efficiency and whether the policies and practices of the system are nondiscriminatory.

"(B) **Recommendations.**—If the Secretary determines that the private credentials verification system fails to meet either of the criteria with respect to the determination described in subparagraph (A), the Secretary, in consultation with the Council and relevant organizations, shall make a recommendation concerning the establishment of an alternative private system and concerning the specifications for such a system as described in paragraph (2)(B).

"(b) **Study of state licensure process.**—

"(1) **In general.**—With respect to the licensure by the States of individuals to practice medicine, the Secretary, in consultation with the Council, shall conduct a study of not less than 10 States for the purpose of determining—

"(A) the average length of time required for the States involved to process the licensure applications of domestic medical graduates and the average length of time required for the States to process the licensure applications of international medical graduates, and the reasons underlying any significant differences in such times; and

"(B) the percentage of licensure applications from domestic medical graduates that are approved and the percentage of licensure applications from graduates of international medical schools that are approved, and the reasons underlying any significant differences in such percentages.

"(2) **Report.**—Not later than September 30, 1994, the Secretary shall submit to the Committee on Labor and Human Resources of the Senate and the Committee on Energy and Commerce of the House of Representatives a report describing the findings made as a result of the study required in paragraph (1) for the fiscal year.

"(c) **Definitions.**—For purposes of this section:

"(1) **Council.**—The term 'Council' means the National Advisory Council on Medical Licensure established in subsection (a)(1).

"(2) **Domestic medical graduate.**—The term 'domestic medical graduate' means an individual who is a graduate of a medical school located in the United States or Canada.

"(3) **International medical graduate.**—The term 'international medical graduate' means an individual who is a graduate of a medical school located in a country other than the United States or Canada.

"(4) **Medical school.**—The term 'medical school' means a school of medicine or a school of osteopathic medicine, as such terms are defined in section 799 of the Public Health Service Act [section 295p of this title].

"(5) **Nondiscriminatory.**—The term 'nondiscriminatory', with respect to policies and practices, means that such policies and practices do not discriminate on the basis of race, color, religion, gender, national origin, age,

disability, marital status, or educational affiliation.

"(6) **Private credentials verification system.**—The term 'private credentials verification system' means the system described in subsection (a)(2)(A) and established by the American Medical Association.

"(7) **Secretary.**—The term 'Secretary' means the Secretary of Health and Human Services.

"(8) **State.**—The term 'State' means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, and the Trust Territory of the Pacific Islands.

"(d) **Necessary resources.**—The Secretary shall ensure that necessary resources are made available to implement the provisions of this section."

[Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.]

Study Regarding the Shortage of Clinical Laboratory Technologists for Medically Underserved and Rural Communities

Section 303 of Pub.L. 102–408 provided that:

"(a) **In general.**—With respect to the shortage of clinical laboratory technologists, the Secretary of Health and Human Services (in this section referred to as the 'Secretary') shall conduct a study for the purpose of—

"(1) determining whether there are special or unique factors affecting the supply of clinical laboratory technologists in medically underserved and rural communities; and

"(2) assessing alternative routes for certification of the competence of individuals to serve as such technologists, with consideration of the role of entities providing such certifications.

"(b) **Date certain for report.**—Not later than October 1, 1993, the Secretary shall complete the study required in subsection (a) and submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report describing the findings made as result of the study."

[Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.]

§ 295*l*. Repealed. Pub.L. 105–392, Title I, § 106(a)(2)(C), Nov. 13, 1998, 112 Stat. 3557

HISTORICAL AND STATUTORY NOTES

Section 295*l*, July 1, 1944, c. 373, Title VII, § 793, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2061, and amended Oct. 27, 1992, Pub.L. 102–531, Title III, § 313(a)(6), 106 Stat. 3507, related to statistics and an annual report respecting public and community health personnel.

§ 295m. Prohibition against discrimination on basis of sex

The Secretary may not make a grant, loan guarantee, or interest subsidy payment under this subchapter to, or for the benefit of, any school of medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, pharmacy, podiatric medicine, or public health or any training center for allied health personnel, or graduate program in clinical psychology, unless the application for the grant, loan guarantee, or interest subsidy payment contains assurances satisfactory to the Secretary that the school or training center will not discriminate on the basis of sex in the admission of individuals to its training programs. The Secretary may not enter into a contract under this title with any such school or training center unless the school, training center, or graduate

program furnishes assurances satisfactory to the Secretary that it will not discriminate on the basis of sex in the admission of individuals to its training programs. In the case of a school of medicine which—

(1) on October 13, 1992, is in the process of changing its status as an institution which admits only female students to that of an institution which admits students without regard to their sex, and

(2) is carrying out such change in accordance with a plan approved by the Secretary,

the provisions of the preceding sentences of this section shall apply only with respect to a grant, contract, loan guarantee, or interest subsidy to, or for the benefit of such a school for a fiscal year beginning after June 30, 1979.

(July 1, 1944, c. 373, Title VII, § 794, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2063.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

Effective and Applicability Provisions

1992 Acts. Section effective on Oct. 13, 1992, see section 103 of Pub.L. 102–408, set out as a note under section 292 of this title.

§ 295n. Repealed. Pub.L. 105–392, Title I, § 101(b)(1), Nov. 13, 1998, 112 Stat. 3537

HISTORICAL AND STATUTORY NOTES

Section 295n, July 1, 1944, c. 373, Title VII, § 795, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2063, and amended Oct. 27, 1992, Pub.L. 102–531, Title III, § 313(a)(7), 106 Stat. 3507, related to obligated service regarding certain programs.

Nontermination of Authority

Pub.L. 105–392, Title I, § 101(b)(2), Nov. 13, 1998, 112 Stat. 3537, provided that: "The amendments made by this section shall not be construed to terminate agreements that, on the day before the date of enactment of this Act [Nov. 13, 1998], are in effect pursuant to section 795 of the Public Health Service Act (42 U.S.C. 795 [1]) as such section existed on such date. Such agreements shall continue in effect in accordance with the terms of the agreements. With respect to compliance with such agreements, any period of practice as a provider of primary health services shall be counted towards the satisfaction of the requirement of practice pursuant to such section 795 [42 U.S.C.A. § 295n]."

[1] So in original. Probably should be "(42 U.S.C. 295n)".

§ 295n–1. Application

(a) In general

To be eligible to receive a grant or contract under this subchapter, an eligible entity shall prepare and submit to the Secretary an application that meets the requirements of this section, at such time, in such manner, and containing such information as the Secretary may require.

(b) Plan

An application submitted under this section shall contain the plan of the applicant for carrying out a project with amounts received under this subchapter. Such plan shall be consistent with relevant Federal, State, or regional health professions program plans.

(c) Performance outcome standards

An application submitted under this section shall contain a specification by the applicant entity of performance outcome standards that the project to be funded under the grant or contract will be measured against. Such standards shall address relevant health workforce needs that the project will meet. The recipient of a grant or contract under this section shall meet the standards set forth in the grant or contract application.

(d) Linkages

An application submitted under this section shall contain a description of the linkages with relevant educational and health care entities, including training programs for other health professionals as appropriate, that the project to be funded under the grant or contract will establish. To the extent practicable, grantees under this section shall

establish linkages with health care providers who provide care for underserved communities and populations.

(Act July 1, 1944, c. 373, Title VII, § 796, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 106(a)(2)(F), 112 Stat. 3557.)

LIBRARY REFERENCES

American Digest System

United States ⇐82(2).

Encyclopedias

C.J.S. United States § 122.

WESTLAW ELECTRONIC RESEARCH

United States cases: 393k[add key number]

§ 295n–2. Use of funds

(a) In general

Amounts provided under a grant or contract awarded under this subchapter may be used for training program development and support, faculty development, model demonstrations, trainee support including tuition, books, program fees and reasonable living expenses during the period of training, technical assistance, workforce analysis, dissemination of information, and exploring new policy directions, as appropriate to meet recognized health workforce objectives, in accordance with this title [42 U.S.C.A. § 293 et seq.].

(b) Maintenance of effort

With respect to activities for which a grant awarded under this subchapter is to be expended, the entity shall agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives such a grant.

(Act July 1, 1944, c. 373, Title VII, § 797, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 106(a)(2)(F), 112 Stat. 3557.)

LIBRARY REFERENCES

American Digest System

United States ⇐82(2).

Encyclopedias

C.J.S. United States § 122.

WESTLAW ELECTRONIC RESEARCH

United States cases: 393k[add key number]

§ 295*o*. Matching requirement

The Secretary may require that an entity that applies for a grant or contract under this subchapter provide non-Federal matching funds, as appropriate, to ensure the institutional commitment of the entity to the projects funded under the grant. As determined by the Secretary, such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in-kind, fairly evaluated, including plant, equipment, or services.

(July 1, 1944, c. 373, Title VII, § 798, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 106(a)(2)(F), 112 Stat. 3558.)

HISTORICAL AND STATUTORY NOTES

Prior Provisions

A prior section 295*o*, July 1, 1944, c. 373, Title VII, § 798, as added Oct. 13, 1992, Pub.L. §102–408, Title I, § 102, 106 Stat. 2064, and amended Oct. 27, 1992, Pub.L. 102–531, Title III, § 313(a)(8), 106 Stat. 3507, related to certain general provisions for funding of programs for the training of health professionals, was repealed by Pub.L. 105–392, Title I, § 106(a)(2)(D), Nov. 13, 1998, 112 Stat. 3557.

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Encyclopedias

C.J.S. United States § 122.

WESTLAW ELECTRONIC RESEARCH

U ted States cases: 393k[add key number]

§ 295o–1. Generally applicable provisions

(a) Awarding of grants and contracts

The Secretary shall ensure that grants and contracts under this subchapter are awarded on a competitive basis, as appropriate, to carry out innovative demonstration projects or provide for strategic workforce supplementation activities as needed to meet health workforce goals and in accordance with this subchapter. Contracts may be entered into under this subchapter with public or private entities as may be necessary.

(b) Eligible entities

Unless specifically required otherwise in this subchapter, the Secretary shall accept applications for grants or contracts under this subchapter from health professions schools, academic health centers, State or local governments, or other appropriate public or private nonprofit entities for funding and participation in health professions and nursing training activities. The Secretary may accept applications from for-profit private entities if determined appropriate by the Secretary.

(c) Information requirements

(1) In general

Recipients of grants and contracts under this subchapter shall meet information requirements as specified by the Secretary.

(2) Data collection

The Secretary shall establish procedures to ensure that, with respect to any data collection required under this subchapter, such data is collected in a manner that takes into account age, sex, race, and ethnicity.

(3) Use of funds

The Secretary shall establish procedures to permit the use of amounts appropriated under this subchapter to be used for data collection purposes.

(4) Evaluations

The Secretary shall establish procedures to ensure the annual evaluation of programs and projects operated by recipients of grants or contracts under this subchapter. Such procedures shall ensure that continued funding for such programs and projects will be conditioned upon a demonstration that satisfactory progress has been made by the program or project in meeting the objectives of the program or project.

(d) Training programs

Training programs conducted with amounts received under this subchapter shall meet applicable accreditation and quality standards.

(e) Duration of assistance

(1) In general

Subject to paragraph (2), in the case of an award to an entity of a grant, cooperative agreement, or contract under this subchapter, the period during which payments are made to the entity under the award may not exceed 5 years. The provision of payments under the award shall be subject to annual approval by the Secretary of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments. This paragraph may not be construed as limiting the number of awards under the program involved that may be made to the entity.

(2) Limitation

In the case of an award to an entity of a grant, cooperative agreement, or contract under this subchapter, paragraph (1) shall apply only to the extent not

inconsistent with any other provision of this subchapter that relates to the period during which payments may be made under the award.

(f) Peer review regarding certain programs

(1) In general

Each application for a grant under this subchapter, except any scholarship or loan program, including those under sections 292, 292q, or 292s of this title, shall be submitted to a peer review group for an evaluation of the merits of the proposals made in the application. The Secretary may not approve such an application unless a peer review group has recommended the application for approval.

(2) Composition

Each peer review group under this subsection shall be composed principally of individuals who are not officers or employees of the Federal Government. In providing for the establishment of peer review groups and procedures, the Secretary shall ensure sex, racial, ethnic, and geographic balance among the membership of such groups.

(3) Administration

This subsection shall be carried out by the Secretary acting through the Administrator of the Health Resources and Services Administration.

(g) Preference or priority considerations

In considering a preference or priority for funding which is based on outcome measures for an eligible entity under this subchapter, the Secretary may also consider the future ability of the eligible entity to meet the outcome preference or priority through improvements in the eligible entity's program design.

(h) Analytic activities

The Secretary shall ensure that—

(1) cross-cutting workforce analytical activities are carried out as part of the workforce information and analysis activities under section 294n of this title; and

(2) discipline-specific workforce information and analytical activities are carried out as part of—

(A) the community-based linkage program under part D [42 U.S.C.A. § 294 et seq]; and

(B) the health workforce development program under subpart 2 of part E [42 U.S.C.A. § 295 et seq.].

(i) Osteopathic schools

For purposes of this subchapter, any reference to—

(1) medical schools shall include osteopathic medical schools; and

(2) medical students shall include osteopathic medical students.

(July 1, 1994, c. 373, Title VII, § 799, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 106(a)(2)(F), 112 Stat. 3558.)

LIBRARY REFERENCES

American Digest System

United States ⇐82(2).

Encyclopedias

C.J.S. United States § 122.

WESTLAW ELECTRONIC RESEARCH

United States cases: 393k[add key number]

§ 295o–2. Technical assistance

Funds appropriated under this subchapter may be used by the Secretary to provide technical assistance in relation to any of the authorities under this subchapter.

(July 1, 1994, c. 373, Title VII, § 799A, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 106(a)(2)(F), 112 Stat. 3559.)

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Encyclopedias

C.J.S. United States § 122.

WESTLAW ELECTRONIC RESEARCH

United States cases: 393k[add key number]

§ 295p. Definitions

For purposes of this subchapter:

(1)(A) The terms "school of medicine", "school of dentistry", "school of osteopathic medicine", "school of pharmacy", "school of optometry", "school of podiatric medicine", "school of veterinary medicine", "school of public health", and "school of chiropractic" mean an accredited public or nonprofit private school in a State that provides training leading, respectively, to a degree of doctor of medicine, a degree of doctor of dentistry or an equivalent degree, a degree of doctor of osteopathy, a degree of bachelor of science in pharmacy or an equivalent degree or a degree of doctor of pharmacy or an equivalent degree, a degree of doctor of optometry or an equivalent degree, a degree of doctor of podiatric medicine or an equivalent degree, a degree of doctor of veterinary medicine or an equivalent degree, a graduate degree in public health or an equivalent degree, and a degree of doctor of chiropractic or an equivalent degree, and including advanced training related to such training provided by any such school.

(B) The terms "graduate program in health administration" and "graduate program in clinical psychology" mean an accredited graduate program in a public or nonprofit private institution in a State that provides training leading, respectively, to a graduate degree in health administration or an equivalent degree and a doctoral degree in clinical psychology or an equivalent degree.

(C) The terms "graduate program in clinical social work" and "graduate program in marriage and family therapy" and "graduate program in professional counseling" mean an accredited graduate program in a public or nonprofit private institution in a State that provides training, respectively, in a concentration in health or mental health care leading to a graduate degree in social work and a concentration leading to a graduate degree in marriage and family therapy and a concentration leading to a graduate degree in counseling.

(D) The term "graduate program in behavioral health and mental health practice" means a graduate program in behavioral health and mental health practice, clinical psychology, clinical social work, professional counseling, or marriage and family therapy.

(E) The term "accredited", when applied to a school of medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, podiatry, pharmacy, public health, or chiropractic, or a graduate program in health administration, clinical psychology, clinical social work, professional counseling, or marriage and family therapy, means a school or program that is accredited by a recognized body or bodies approved for such purpose by the Secretary of Education, except that a new school or program that, by reason of an insufficient period of operation, is not, at the time of application for a grant or contract under this subchapter, eligible for accreditation by such a recognized body or bodies, shall be deemed accredited for purposes of this subchapter, if the Secretary of Education finds, after consultation with the appropriate accreditation body or bodies, that there is reasonable assurance that the school or program will meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal graduation date of the first entering class in such school or program.

(2) The term "teaching facilities" means areas dedicated for use by students, faculty, or administrative or maintenance personnel for clinical purposes, research activities, libraries, classrooms, offices, auditoriums, dining areas, student activities, or other related purposes necessary for, and appropriate to, the conduct of comprehensive programs of education. Such term includes interim facilities but does not include off-site improvements or living quarters.

(3) The term "program for the training of physician assistants" means an educational program that—

(A) has as its objective the education of individuals who will, upon completion of their studies in the program, be qualified to provide primary care under the supervision of a physician;

(B) extends for at least one academic year and consists of—

(i) supervised clinical practice; and

(ii) at least four months (in the aggregate) of classroom instruction, directed toward preparing students to deliver health care;

(C) has an enrollment of not less than eight students; and

(D) trains students in primary care, disease prevention, health promotion, geriatric medicine, and home health care.

(4) The term "school of allied health" means a public or nonprofit private college, junior college, or university or hospital-based educational entity that—

(A) provides, or can provide, programs of education to enable individuals to become allied health professionals or to provide additional training for allied health professionals;

(B) provides training for not less than a total of twenty persons in the allied health curricula (except that this subparagraph shall not apply to any hospital-based educational entity);

(C) includes or is affiliated with a teaching hospital; and

(D) is accredited by a recognized body or bodies approved for such purposes by the Secretary of Education, or which provides to the Secretary satisfactory assurance by such accrediting body or bodies that reasonable progress is being made toward accreditation.

(5) The term "allied health professionals" means a health professional (other than a registered nurse or physician assistant)—

(A) who has received a certificate, an associate's degree, a bachelor's degree, a master's degree, a doctoral degree, or postbaccalaureate training, in a science relating to health care;

(B) who shares in the responsibility for the delivery of health care services or related services, including—

(i) services relating to the identification, evaluation, and prevention of disease and disorders;

(ii) dietary and nutrition services;

(iii) health promotion services;

(iv) rehabilitation services; or

(v) health systems management services; and

(C) who has not received a degree of doctor of medicine, a degree of doctor of osteopathy, a degree of doctor of dentistry or an equivalent degree, a degree of doctor of veterinary medicine or an equivalent degree, a degree of doctor of optometry or an equivalent degree, a degree of doctor of podiatric medicine or an equivalent degree, a degree of bachelor of science in pharmacy or an equivalent degree, a degree of doctor of pharmacy or an equivalent degree, a graduate degree in public health or an equivalent degree, a degree of doctor of chiropractic or an equivalent degree, a graduate degree in health administration or an equivalent degree, a doctoral degree in clinical psychology or an equivalent degree, or a degree in social work or an equivalent degree or a degree in counseling or an equivalent degree.

(6) The term "medically underserved community" means an urban or rural area or population that—

(A) is eligible for designation under section 254e of this title as a health professional shortage area;

(B) is eligible to be served by a migrant health center under section 254b of this title, a community health center under section 254c of this title, a grantee under section 256 of this title (relating to homeless individuals), or a grantee under section 256a of this title (relating to residents of public housing);

(C) has a shortage of personal health services, as determined under criteria issued by the Secretary under section 1395x(aa)(2) of this title (relating to rural health clinics); or

(D) is designated by a State Governor (in consultation with the medical community) as a shortage area or medically underserved community.

(7) The term "Department" means the Department of Health and Human Services.

(8) The term "nonprofit" refers to the status of an entity owned and operated by one or more corporations or associations no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.

(9) The term "State" includes, in addition to the several States, only the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the Virgin Islands, Guam, American Samoa, and the Trust Territory of the Pacific Islands.

(10)(A) Subject to subparagraph (B), the term "underrepresented minorities" means, with respect to a health profession, racial and ethnic populations that are underrepresented in the health profession relative to the number of individuals who are members of the population involved.

(B) For purposes of subparagraph (A), Asian individuals shall be considered by the various subpopulations of such individuals.

(11) The term "psychologist" means an individual who—

(A) holds a doctoral degree in psychology; and

(B) is licensed or certified on the basis of the doctoral degree in psychology, by the State in which the individual practices, at the independent practice level of psychology to furnish diagnostic, assessment, preventive, and therapeutic services directly to individuals.

(July 1, 1944, c. 373, Title VII, § 799B, formerly § 799, as added Oct. 13, 1992, Pub.L. 102–408, Title I, § 102, 106 Stat. 2066; renumbered § 799B, and amended Nov. 13, 1998, Pub.L. 105–392, Title I, §§ 106(a)(2)(E), 108, 112 Stat. 3557, 3560.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

References in Text

Sections 254b and 254c of this title, referred to in par. (6)(B), were in the original references to sections 329 and 330, meaning sections 329 and 330 of act July 1, 1944, which were omitted in the general amendment of subpart I (§254b et seq.) of part D of subchapter II of this chapter by Pub.L. 104–299, § 2, Oct. 11, 1996, 110 Stat. 3626. Sections 2 and 3(a) of Pub.L. 104–299 enacted new sections 330 and 330A of act July 1, 1944, which are classified to sections 254b and 254c of this title, respectively.

Sections 256 and 256a of this title, referred to in par. (6)(B), were repealed by Pub.L. 104–299, § 4(a)(3), Oct. 11, 1996, 110 Stat. 3645.

Amendments

1998 Amendments. Par. (1)(C). Pub.L. 105–392, § 108(b)(1)(A), inserted "and "graduate program in professional counseling" after "graduate program in marriage and family therapy"; and inserted "and a concentration leading to a graduate degree in counseling".

Par. (1)(D). Pub.L. 105–392, § 108(a), (b)(1)(B), inserted "behavioral health and" before "mental"; and "behavioral health and mental health practice," before "clinical"; and "professional counseling," after "social work,".

Par. (1)(E). Pub.L. 105–392, § 108(b)(1)(C), inserted "professional counseling," after "social work,".

Par. (3). Pub.L. 105–392, § 108(d), rewrote par. (3) which formerly read:

"(3) The term 'program for the training of physician assistants' means an educational program that—

"(A) has as its objective the education of individuals who will, upon completion of their studies in the program, be qualified to provide primary health care under the supervision of a physician; and

"(B) meets regulations prescribed by the Secretary in accordance with section 293n(b) of this title."

Par. (5)(C). Pub.L. 105–392, § 108(b)(2), inserted "or a degree in counseling or an equivalent degree".

Par. (6)(D). Pub.L. 105–392, § 108(c), added subpar. (D).

Par. (11). Pub.L. 105–392, § 108(e), added par. (11).

Effective and Applicability Provisions

1992 Acts. Section effective on Oct. 13, 1992, see section 103 of Pub.L. 102–408, set out as a note under section 292 of this title.

Reference to Community, Migrant, Public Housing or Homeless Health Center Considered Reference to Health Center

Reference to a community health center, migrant health center, public housing health center, or homeless health center is considered a reference to health center, see section (4)(c) of Pub.L. 104–299, set out as a note under section 254(b) of this title.

SUBCHAPTER VI—NURSING WORKFORCE DEVELOPMENT

HISTORICAL AND STATUTORY NOTES

Amendments

1998 Amendments. Pub.L. 105–392, Title I, § 123(1), Nov. 13, 1998, 112 Stat. 3562, repealed the former Subchapter heading which read "NURSE EDUCATION".

PART A—GENERAL PROVISIONS

HISTORICAL AND STATUTORY NOTES

Amendments

1998 Amendments. Pub.L. 105–393, Title I, § 123, Nov. 13, 1998, 112 Stat. 3562, extensively revised Subchapter VI which resulted in the omission of the former Part heading which read "SPECIAL PROJECTS".

CROSS REFERENCES

Coordination with public health programs, see 38 USCA § 8201.

Differential tuition and fees, see 42 USCA § 295o.

Five-year limited eligibility of qualified aliens for Federal means-tested public benefit, see 8 USCA § 1613.

§ 296. Definitions

As used in this subchapter [42 U.S.C.A. § 296 et seq.]:

(1) Eligible entities

The term "eligible entities" means schools of nursing, nursing centers, academic health centers, State or local governments, and other public or private nonprofit entities determined appropriate by the Secretary that submit to the Secretary an application in accordance with section 296a of this title.

(2) School of nursing

The term "school of nursing" means a collegiate, associate degree, or diploma school of nursing in a State.

(3) Collegiate school of nursing

The term "collegiate school of nursing" means a department, division, or other administrative unit in a college or university which provides primarily or exclusively a program of education in professional nursing and related subjects leading to the degree of bachelor of arts, bachelor of science, bachelor of nursing, or to an equivalent degree, or to a graduate degree in nursing, or to an equivalent degree, and including advanced training related to such program of education provided by such school, but only if such program, or such unit, college or university is accredited.

(4) Associate degree school of nursing

The term "associate degree school of nursing" means a department, division, or other administrative unit in a junior college, community college, college, or university which provides primarily or exclusively a two-year program of education in professional nursing and allied subjects leading to an associate degree in nursing or to an equivalent degree, but only if such program, or such unit, college, or university is accredited.

(5) Diploma school of nursing

The term "diploma school of nursing" means a school affiliated with a hospital or university, or an independent school, which provides primarily or exclusively a program of education in professional nursing and allied subjects leading to a diploma or to equivalent indicia that such program has been satisfactorily completed, but only if such program, or such affiliated school or such hospital or university or such independent school is accredited.

(6) Accredited

(A) In general

Except as provided in subparagraph (B), the term "accredited" when applied to any program of nurse education means a program accredited by a recognized body or bodies, or by a State agency, approved for such purpose by the Secretary of Education and when applied to a hospital, school, college, or university (or a unit thereof) means a hospital, school, college, or university (or a unit thereof) which is accredited by a recognized body or bodies, or by a State agency, approved for such purpose by the Secretary of Education. For the purpose of this paragraph, the Secretary of Education shall publish a list of recognized accrediting bodies, and of State agencies, which the Secretary of Education determines to be reliable authority as to the quality of education offered.

(B) New programs

A new program of nursing that, by reason of an insufficient period of operation, is not, at the time of the submission of an application for a grant or contract under this subchapter [42 U.S.C.A. § 296 et seq.], eligible for accreditation by such a recognized body or bodies or State agency, shall be deemed accredited for purposes of this subchapter [42 U.S.C.A. § 296 et seq.] if the Secretary of Education finds, after consultation with the appropriate accreditation body or bodies, that there is reasonable assurance that the program will meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal graduation date of students of the first entering class in such a program.

(7) Nonprofit

The term "nonprofit" as applied to any school, agency, organization, or institution means one which is a corporation or association, or is owned and operated by one or more corporations or associations, no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.

(8) State

The term "State" means a State, the Commonwealth of Puerto Rico, the District of Columbia, the Commonwealth of the Northern Mariana Islands, Guam, American Samoa, the Virgin Islands, or the Trust Territory of the Pacific Islands.

(July 1, 1944, c. 373, Title VIII, § 801, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 123(4), 112 Stat. 3563.)

HISTORICAL AND STATUTORY NOTES

Savings Provisions

Pub.L. 105–392, Title I, § 124, Nov. 13, 1998, 112 Stat. 3574, provided that: "In the case of any authority for making awards of grants or contracts that is terminated by the amendment made by section 123 [for complete classification, see Tables], the Secretary of Health and Human Services may, notwithstanding the termination of the authority, continue in effect any grant or contract made under the authority that is in effect on the day before the date of the enactment of this Act [Nov. 13, 1998], subject to the duration of any such grant or contract not exceeding the period determined by the Secretary in first approving such financial assistance, or in approving the most recent request made (before the date of such enactment) for continuation of such assistance, as the case may be."

Prior Provisions

A prior section 296, Act July 1, 1944, c. 373, Title VIII, § 801, as added Sept. 4, 1964, Pub.L. 88–581, § 2, 78 Stat. 908, and amended Nov. 3, 1966, Pub.L. 89–751, § 8(a), 80 Stat. 1236; Aug. 16, 1968, Pub.L. 90–490, Title II, § 201(a), 82 Stat. 780; Nov. 18, 1971, Pub.L. 92–158, § 2(a), 85 Stat. 465; July 29, 1975, Pub.L. 94–63, Title IX, §§ 902(a), 910(a)(1), 89 Stat. 354, 355; Sept. 29, 1979, Pub.L. 96–76, Title I, § 102, 93 Stat. 579, set forth provisions relating to authorization of appropriations for construction grants, was repealed by Pub.L. 99–92, § 9(a)(1), Aug. 16, 1985, 99 Stat. 400.

Purpose

Pub.L. 105–392, Title I, § 122, Nov. 13, 1998, 112 Stat. 3562, provided that: "It is the purpose of this subtitle [Subtitle B of Title I of Pub.L. 105–392, §§ 121 to 124, for classification of which, see Tables] to restructure the nurse education authorities of title VIII of the Public Health Service Act [Title VIII of Act July 1, 1944, c. 373, for classification of which, see Tables] to permit a comprehensive, flexible, and effective approach to Federal support for nursing workforce development."

Study Respecting Determinations of Need for Continued Support of Specific Nursing Education Programs, Practice of Nursing in Medically Underserved Areas, and Maintenance or Re-Entry of Nurses Into Profession; Conduct of Study; Report to Congressional Committees on Recommendations

Section 113 of Pub.L. 96–76, as amended by S.Res. 30, Mar. 7, 1979; H.Res. 549, Mar. 25, 1980; Pub.L. 96–88, Title V, § 509(b), Oct. 17, 1979, 93 Stat. 695, provided that:

"(a)(1) The Secretary of Health and Human Services (hereinafter in this section referred to as the 'Secretary') shall arrange, in accordance with subsection (b), for the conduct of a study—

"(A) to determine the need to continue a specific program of Federal financial support for nursing education.

"(B) to determine the reasons nurses do not practice in medically underserved areas and to develop recommendations for actions which could be taken to encourage nurses to practice in such areas, and

"(C) to determine the rate at which and the reasons for which nurses leave the nursing profession and to develop recommendations for actions which could be taken to encourage nurses to remain or re-enter the nursing profession, including actions involving practice settings conductive to the retention of nurses.

"(2) The part of the study described in paragraph (1)(A), shall include consideration of the following:

"(A) The need for nurses under the present health care delivery system and under such system as it may be modified by increased use of ambulatory care facilities or as it may be changed by the enactment of legislation for national health insurance. Determination of such need shall include determination of the need for nurses trained in each type of school of nursing (as defined in section 853(2) of the Public Health Service Act) [section 298b(2) of this title], for nurses with graduate training in the varying nurse practitioner clinical specialties, and for nurse administrators and nurse educators.

"(B) The cost of nursing education and a comparison of the cost of education at each type of school of nursing (as so defined) and comparison of the cost of each of the graduate programs of nursing.

"(C) The availability of other sources of support for nursing education, including support under general programs of Federal financial support for postsecondary education, under State and other public programs, and from private sources.

"(b)(1) The Secretary shall first request the National Academy of Sciences (hereinafter in this section referred to as the 'Academy'), acting through the Institute of Medicine, to conduct the study, required by subsection (a), under an arrangement whereby the actual expenses incurred by the Academy directly related to the conduct of such study will be paid by the Secretary. If the Academy agrees to such request, the Secretary shall enter into such an agreement with the Academy.

"(2) If the Academy declines the Secretary's request to conduct such study under such an arrangement, then the Secretary, after consulting with the Committee on Labor and Human Resources of the Senate and the Committee on Energy and Commerce of the House of Representatives, shall enter into a similar arrangement with another appropriate public or nonprofit private entity to conduct such study.

"(3) Any arrangement entered into under paragraph (1) or (2) of this subsection for the conduct of a study shall require that such study be completed and reports thereon be submitted within such period as the Secretary may require to meet the requirements of subsection (c).

"(4) The Secretary shall undertake such preliminary activities as may be necessary to enable the Secretary to enter into an arrangement for the conduct of the study at the earliest possible date.

"(c) Not later than six months after the date the arrangement for the conduct of the study is entered into under subsection (b), the Secretary and the entity conducting the study shall each report to the Committee on Labor and Human Resources of the Senate and the Committee on Energy and Commerce of the House of Representatives their respective preliminary recommendations respecting the matters described in subparagraphs (A), (B), and (C) of subsection (a)(1) and, if a need for continued Federal financial support for nursing is found, the form in which the support should be provided. Not later than two years after such date, the Secretary and the entity which conducted the study shall each report to such Committees recommendations respecting such matters (including the form of Federal financial support for nursing) and the basis for such recommendations."

[Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.]

LIBRARY REFERENCES

American Digest System

United States ⟹82(2).

Encyclopedias

C.J.S. United States § 122.

WESTLAW ELECTRONIC RESEARCH

United States cases: 393k[add key number]

§ 296a. Application

(a) In general

To be eligible to receive a grant or contract under this subchapter [42 U.S.C.A. § 296 et seq.], an eligible entity shall prepare and submit to the Secretary an application that meets the requirements of this section, at such time, in such manner, and containing such information as the Secretary may require.

(b) Plan

An application submitted under this section shall contain the plan of the applicant for carrying out a project with amounts received under this subchapter [42 U.S.C.A. § 296 et seq.]. Such plan shall be consistent with relevant Federal, State, or regional program plans.

(c) Performance outcome standards

An application submitted under this section shall contain a specification by the applicant entity of performance outcome standards that the project to be funded under the grant or contract will be measured against. Such standards shall address relevant national nursing needs that the project will meet. The recipient of a grant or contract under this section shall meet the standards set forth in the grant or contract application.

(d) Linkages

An application submitted under this section shall contain a description of the linkages with relevant educational and health care entities, including training programs for other health professionals as appropriate, that the project to be funded under the grant or contract will establish.

(July 1, 1944, c. 373, Title VIII, § 802, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 123(4), 112 Stat. 3564.)

HISTORICAL AND STATUTORY NOTES

Prior Provisions

A prior section 296a, Act July 1, 1944, c. 373, Title VIII, § 802, as added Sept. 4, 1964, Pub.L. 88–581, § 2, 78 Stat. 909, and amended Aug. 16, 1968, Pub.L. 90–490, Title II, § 201(b), 82 Stat. 780; Nov. 18, 1971, Pub.L. 92–158, §§ 2(d)(3), (e), (f), 13, 85 Stat. 468, 480; July 29, 1975, Pub.L. 94–63, Title IX, §§ 910(a)(2), 941(a), 89 Stat. 355, 363, relating to time of submission, preconditions, determinations, etc., respecting applications for construction grants, was repealed by Pub.L. 99–92, § 9(a)(1), Aug. 16, 1985, 99 Stat. 400.

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Encyclopedias

C.J.S. United States § 122.

WESTLAW ELECTRONIC RESEARCH

United States cases: 393k[add key number]

§ 296b. Use of funds

(a) In general

Amounts provided under a grant or contract awarded under this subchapter [42 U.S.C.A. § 296 et seq.] may be used for training program development and support, faculty development, model demonstrations, trainee support including tuition, books, program fees and reasonable living expenses during the period of training, technical assistance, workforce analysis, and dissemination of information, as appropriate to meet recognized nursing objectives, in accordance with this subchapter [42 U.S.C.A. § 296 et seq.].

(b) Maintenance of effort

With respect to activities for which a grant awarded under this subchapter [42 U.S.C.A. § 296 et seq.] is to be expended, the entity shall agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives such a grant.

(July 1, 1944, c. 373, Title VIII, § 803, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 123(4), 112 Stat. 3564.)

HISTORICAL AND STATUTORY NOTES

Prior Provisions

A prior section 296b, Act July 1, 1944, c. 373, Title VIII, § 803, as added Sept. 4, 1964, Pub.L. 88–581, § 2, 78 Stat. 911, and amended Aug. 16, 1968, Pub.L. 90–490, Title II, § 202, 82 Stat. 780; Nov. 18, 1971, Pub.L. 92–158, §§ 2(b), 13, 85 Stat. 465, 480; July 29, 1975, Pub.L. 94–63, Title IX, § 941(b), 89 Stat. 364, set forth provisions relating to determinations, exclusions, etc., respecting amount of construction grant, was repealed by Pub.L. 99–92, § 9(a)(1), Aug. 16, 1985, 99 Stat. 400.

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WESTLAW ELECTRONIC RESEARCH

United States cases: 393k[add key number]

§ 296c. Matching requirement

The Secretary may require that an entity that applies for a grant or contract under this subchapter [42 U.S.C.A. § 296 et seq.] provide non-Federal matching funds, as appropriate, to ensure the institutional commitment of the entity to the projects funded under the grant. Such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in-kind, fairly evaluated, including plant, equipment, or services.

(July 1, 1944, c. 373, Title VIII, § 804, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 123(4), 112 Stat. 3565.)

HISTORICAL AND STATUTORY NOTES

Prior Provisions

A prior section 296c, Act July 1, 1944, c. 373, Title VIII, § 804, as added Sept. 4, 1964, Pub.L. 88–581, § 2, 78 Stat. 911, and amended Nov. 18, 1971, Pub.L. 92–158, §§ 2(d)(3), 13, 85 Stat. 468, 480; July 29, 1975, Pub.L. 94–63, Title IX, § 941(c), 89 Stat. 364, relating to recovery of payments of funds by United States for construction of facilities, was renumbered section 858 of Act July 1, 1944, by Pub.L. 99–92 and transferred to section 298b–5 of this title pursuant to amendment of this subchapter by Pub. L. 99–92, § 9(c)(1), Aug. 16, 1985, 99 Stat. 400.

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Encyclopedias

C.J.S. United States § 122.

WESTLAW ELECTRONIC RESEARCH

UNited States cases: 393k[add key number]

§ 296d. Preference

In awarding grants or contracts under this subchapter [42 U.S.C.A. § 296 et seq.], the Secretary shall give preference to applicants with projects that will substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments.

(July 1, 1944, c. 373, Title VIII, § 805, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 123(4), 112 Stat. 3565.)

HISTORICAL AND STATUTORY NOTES

Prior Provisions

A prior section 296d, Act July 1, 1944, c. 373, Title VIII, § 805, formerly § 809, as added Nov. 18, 1971, Pub.L. 92–158, § 2(c), 85 Stat. 465, and renumbered and amended July 29, 1975, Pub.L. 94–63, Title IX, §§ 902(d), 910(b)(1)(A), (B)(i),

(2), (c), 911(b), 941(d), 89 Stat. 355, 356, 364; Sept. 29, 1979, Pub.L. 96–76, Title I, § 103, 93 Stat. 579; Sept. 13, 1982, Pub.L. 97–258, § 4(b), 96 Stat. 1067, relating to applications, amounts, etc., for loan guarantees and interest subsidies for construction of training facilities by nonprofit nursing schools, was repealed by Pub.L. 99–92, § 9(a)(1), Aug. 16, 1985, 99 Stat. 400.

Another prior section 296d, Act July 1, 1944, c. 373, Title VIII, § 805, as added Sept. 4, 1964, Pub.L. 88–581, § 2, 78 Stat. 912, and amended Aug. 6, 1968, Pub.L. 90–490, Title II, §§ 211, 215, 82 Stat. 780, 783; Nov. 18, 1971, Pub.L. 92–158, § 3(b), 85 Stat. 46; Pub. L. 99–92, § 9(a)(1), Aug. 16, 1985, 99 Stat. 400, relating to special project grants and contracts for nurse training programs, was repealed by Pub.L. 94–63, Title IX, § 922, July 29, 1975, 89 Stat. 359, eff. July 1, 1975.

§ 296e. Generally applicable provisions

(a) Awarding of grants and contracts

The Secretary shall ensure that grants and contracts under this subchapter [42 U.S.C.A. § 296 et seq.] are awarded on a competitive basis, as appropriate, to carry out innovative demonstration projects or provide for strategic workforce supplementation activities as needed to meet national nursing service goals and in accordance with this title. Contracts may be entered into under this subchapter [42 U.S.C.A. § 296 et seq.] with public or private entities as determined necessary by the Secretary.

(b) Information requirements

(1) In general

Recipients of grants and contracts under this subchapter[42 U.S.C.A. § 296 et seq.] shall meet information requirements as specified by the Secretary.

(2) Evaluations

The Secretary shall establish procedures to ensure the annual evaluation of programs and projects operated by recipients of grants under this subchapter[42 U.S.C.A. § 296 et seq.]. Such procedures shall ensure that continued funding for such programs and projects will be conditioned upon a demonstration that satisfactory progress has been made by the program or project in meeting the objectives of the program or project.

(c) Training programs

Training programs conducted with amounts received under this subchapter[42 U.S.C.A. § 296 et seq.] shall meet applicable accreditation and quality standards.

(d) Duration of assistance

(1) In general

Subject to paragraph (2), in the case of an award to an entity of a grant, cooperative agreement, or contract under this subchapter[42 U.S.C.A. § 296 et seq.], the period during which payments are made to the entity under the award may not exceed 5 years. The provision of payments under the award shall be subject to annual approval by the Secretary of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments. This paragraph may not be construed as limiting the number of awards under the program involved that may be made to the entity.

(2) Limitation

In the case of an award to an entity of a grant, cooperative agreement, or contract under this subchapter[42 U.S.C.A. § 296 et seq.], paragraph (1) shall apply only to the extent not inconsistent with any other provision of this subchapter[42 U.S.C.A. § 296 et seq.] that relates to the period during which payments may be made under the award.

(e) Peer review regarding certain programs

(1) In general

Each application for a grant under this subchapter [42 U.S.C.A. § 296 et seq.], except advanced nurse traineeship grants under section 296j(a)(2), shall be submitted to a peer review group for an evaluation of the merits of the proposals made in

the application. The Secretary may not approve such an application unless a peer review group has recommended the application for approval.

(2) Composition

Each peer review group under this subsection shall be composed principally of individuals who are not officers or employees of the Federal Government. In providing for the establishment of peer review groups and procedures, the Secretary shall, except as otherwise provided, ensure sex, racial, ethnic, and geographic representation among the membership of such groups.

(3) Administration

This subsection shall be carried out by the Secretary acting through the Administrator of the Health Resources and Services Administration.

(f) Analytic activities

The Secretary shall ensure that—

(1) cross-cutting workforce analytical activities are carried out as part of the workforce information and analysis activities under this subchapter[42 U.S.C.A. § 296 et seq.]; and

(2) discipline-specific workforce information is developed and analytical activities are carried out as part of—

(A) the advanced education nursing activities under part B;

(B) the workforce diversity activities under part C; and

(C) basic nursing education and practice activities under part D.

(g) State and regional priorities

Activities under grants or contracts under this subchapter[42 U.S.C.A. § 296 et seq.] shall, to the extent practicable, be consistent with related Federal, State, or regional nursing professions program plans and priorities.

(h) Filing of applications

(1) In general

Applications for grants or contracts under this subchapter[42 U.S.C.A. § 296 et seq.] may be submitted by health professions schools, schools of nursing, academic health centers, State or local governments, or other appropriate public or private nonprofit entities as determined appropriate by the Secretary in accordance with this subchapter[42 U.S.C.A. § 296 et seq.].

(2) For-profit entities

Notwithstanding paragraph (1), a for-profit entity may be eligible for a grant or contract under this subchapter[42 U.S.C.A. § 296 et seq.] as determined appropriate by the Secretary.

(July 1, 1944, c. 373, Title VIII, § 806, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 123(4), 112 Stat. 3565.)

HISTORICAL AND STATUTORY NOTES

Prior Provisions

A prior section 296e, Act July 1, 1944, c. 373, Title VIII, § 810, formerly § 806, as added Sept. 4, 1964, Pub. L. 88–581, § 2, 78 Stat. 912, amended Dec. 5, 1967, Pub.L. 90–174, § 12(a), 81 Stat. 541; Aug. 16, 1968, Pub.L. 90–490, Title II, § 211, 82 Stat. 781; Nov. 18, 1971, Pub.L. 92–158, § 4(a), 85 Stat. 470, and renumbered and amended July 29, 1975, Pub.L. 94–63, Title IX, §§ 902(b), 915(a)–(c), 916(a), (b), 941(e), 89 Stat. 354, 356, 358, 365; Aug. 1, 1977, Pub.L. 95–83, Title III, § 307(o)(1)–(4), 91 Stat. 393; Sept. 29, 1979, Pub.L. 96–76, Title I, § 104, 93 Stat. 579, relating to computation, requirements, etc., respecting grants for institutional support, was repealed by Pub. L. 99–92, § 9(a)(1), Aug. 16, 1985, 99 Stat. 400.

LIBRARY REFERENCES

American Digest System

United States ⟹82(2).

Encyclopedias

C.J.S. United States § 122.

WESTLAW ELECTRONIC RESEARCH

United States cases: 393k[add key number]

§ 296e–1. Grants for health professions education

(a) Grants for health professions education in health disparities and cultural competency

The Secretary, acting through the Administrator of the Health Resources and Services Administration, may make awards of grants, contracts, or cooperative agreements to eligible entities for the purpose of carrying out research and demonstration projects (including research and demonstration projects for continuing health professions education) for training and education for the reduction of disparities in health care outcomes and the provision of culturally competent health care. Grants under this section shall be the same as provided in section 293e of this title.

(b) Authorization of appropriations

There are to be appropriated to carry out subsection (a) such sums as may be necessary for each of the fiscal years 2001 through 2004.

(July 1, 1944, c. 373 Title VIII, § 807, as added Nov. 22, 2000, Pub.L. 106–525, Title IV, § 401(b)(2), 114 Stat. 2508.)

HISTORICAL AND STATUTORY NOTES

Effective and Applicability Provisions

2000 Acts. Amendments by Pub.L. 106–525, Title IV, § 401(b)(2), effective October 1, 2000 or November 22, 2000, whichever occurs later, see Pub.L. 106–525, § 603, set out as a note under 42 U.S.C.A. § 281.

Prior Provisions

Prior section 807 of Act July 1, 1944, c. 373, Title VIII, classified to section 296f of this title, was renumbered section 808 by Pub.L. 106–525, Title IV, § 401(b)(1), Nov. 22, 2000, 114 Stat. 2508.

§ 296f. Technical assistance

Funds appropriated under this subchapter [42 U.S.C.A. § 296 et seq.] may be used by the Secretary to provide technical assistance in relation to any of the authorities under this subchapter [42 U.S.C.A. § 296 et seq.].

(July 1, 1944, c. 373, Title VIII, § 808, formerly § 807, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 123(4), 112 Stat. 3566: renumbered § 808, Nov. 22, 2000, Pub.L. 106–525, Title IV, § 401(b)(1), 114 Stat. 2508.)

HISTORICAL AND STATUTORY NOTES

Effective and Applicability Provisions

2000 Acts. Amendments by Pub.L. 106–525, Title IV, § 401(b)(1), effective October 1, 2000 or November 22, 2000, whichever occurs later, see Pub.L. 106–525, § 603, set out as a note under 42 U.S.C.A. § 281.

Prior Provisions

A prior section 296f, Act July 1, 1944, c. 373, Title VIII, § 811, formerly § 807, as added Aug. 16, 1968, Pub.L. 90–490, Title II, § 212, 82 Stat. 782, amended Nov. 18, 1971, Pub.L. 92–158, § 4(c), 85 Stat. 475, and renumbered and amended July 29, 1975, Pub.L. 94–63, Title IX, § 941(f), 89 Stat. 365, relating to filing dates, etc., for applications for grants, was repealed by Pub. L. 99–92, § 9(a)(1), Aug. 16, 1985, 99 Stat. 400.

§ 296g. Prohibition against discrimination by schools on basis of sex

The Secretary may not make a grant, loan guarantee, or interest subsidy payment under this subchapter to, or for the benefit of, any school of nursing unless the application for the grant, loan guarantee, or interest subsidy payment contains assurances satisfactory to the Secretary that the school will not discriminate on the basis of sex in the admission of individuals to its training programs. The Secretary may not enter into a contract under this subchapter with any school unless the school furnishes assurances satisfactory to the Secretary that it will not discriminate on the basis of sex in the admission of individuals to its training programs.

(July 1, 1944, c. 373, Title VIII, § 810, formerly § 845, as added Nov. 18, 1971, Pub.L. 92–158, § 11, 85 Stat. 479, and renumbered § 855, July 29, 1975, Pub.L. 94–63, Title IX, § 941(k)(1), 89 Stat. 366; renumbered § 810, Nov. 13, 1998, Pub.L. 105–392, Title I, § 123(6), 112 Stat. 3574.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1971 Acts. House Report No. 92-259 and House Conference Report No. 92-577, see 1971 U.S.Code Cong. and Adm.News, p. 1688.

1975 Acts. Senate Report No. 94-29 and Conference Report No. 94-348, see 1975 U.S.Code Cong. and Adm.News, p. 469.

Codifications

Redesignation of section 855 of the Public Health Services Act, classified to section 2986b-2 of this title, as section 810 of such Act by Pub.L. 105-392, Title I, § 123(6), was executed to this section despite the directory language of Pub.L. 105-392, § 123(6), "transferring such section so as to appear after section 809 (as added by the amendment made by paragraph (5))" as the probable intent of Congress. Sections 841 and 845 of the Public Health Services Act, classified to sections 297q and 297t of this title, were added by paragraph (5).

Prior Provisions

A prior section 269g, Act July 1, 1944, c. 373, Title VIII, § 808, as added Aug. 16, 1968, Pub.L. 90-490, Title II, § 212, 82 Stat. 783, and amended Nov. 18, 1971, Pub.L. 92-158, § 3(a), 85 Stat. 469; July 29, 1975, Pub.L. 94-63, Title IX, § 902(c), 89 Stat. 354, authorizing appropriations for special project grants and contracts and financial distress grants from the fiscal year ending June 30, 1972 through the fiscal year ending June 30, 1975, was repealed by Pub.L. 94-63, Title IX, § 922, July 29, 1975, 89 Stat. 359.

LIBRARY REFERENCES

American Digest System

Disbursement of funds in general, see United States ⟹82(1).

Encyclopedias

Disbursement of funds in general, see C.J.S. United States § 122.

Rights protected and discrimination prohibited; federally assisted programs in general, see C.J.S. Civil Rights § 46 et seq.

Rights protected and discrimination prohibited; public education, see C.J.S. Civil Rights § 102 et seq.

Texts and Treatises

17 Fed. Proc. L Ed Health, Education, and Welfare § 42:274.

6 Fed. Proc. L Ed Civil Rights § 11:491.

WESTLAW ELECTRONIC RESEARCH

Civil rights cases: 78k[add key number].

United States cases: 393k[add key number].

See, also, WESTLAW guide following the Explanation pages of this volume.

PART B—NURSE PRACTITIONERS, NURSE MIDWIVES, NURSE ANESTHETISTS, AND OTHER ADVANCED EDUCATION NURSES

HISTORICAL AND STATUTORY NOTES

Amendments

1998 Amendments. Pub.L. 105-392, Title I, § 123(4), Nov. 13, 1998, 112 Stat. 3566, added the heading for Part B "NURSE PRACTITIONERS, NURSE MIDWIVES, NURSE ANESTHETISTS, AND OTHER ADVANCED EDUCATION NURSES".

§ 296j. Advanced education nursing grants

(a) In general

The Secretary may award grants to and enter into contracts with eligible entities to meet the costs of—

(1) projects that support the enhancement of advanced nursing education and practice; and

(2) traineeships for individuals in advanced nursing education programs.

(b) Definition of advanced education nurses

For purposes of this section, the term "advanced education nurses" means individuals trained in advanced degree programs including individuals in combined R.N./Master's degree programs, post-nursing master's certificate programs, or, in the case of nurse midwives, in certificate programs in existence on the date that is one day prior to the date of enactment of this section, to serve as nurse practitioners, clinical nurse specialists, nurse midwives, nurse anesthetists, nurse educators, nurse administrators, or public health nurses, or in other nurse specialties determined by the Secretary to require advanced education.

(c) Authorized nurse practitioner and nurse midwifery programs

Nurse practitioner and nurse midwifery programs eligible for support under this section are educational programs for registered nurses (irrespective of the type of school of nursing in which the nurses received their training) that—

(1) meet guidelines prescribed by the Secretary; and

(2) have as their objective the education of nurses who will upon completion of their studies in such programs, be qualified to effectively provide primary health care, including primary health care in homes and in ambulatory care facilities, long-term care facilities, acute care, and other health care settings.

(d) Authorized nurse anesthesia programs

Nurse anesthesia programs eligible for support under this section are education programs that—

(1) provide registered nurses with full-time anesthetist education; and

(2) are accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs.

(e) Other authorized educational programs

The Secretary shall prescribe guidelines as appropriate for other advanced nurse education programs eligible for support under this section.

(f) Traineeships

(1) In general

The Secretary may not award a grant to an applicant under subsection (a) unless the applicant involved agrees that traineeships provided with the grant will only pay all or part of the costs of—

(A) the tuition, books, and fees of the program of advanced nurse education with respect to which the traineeship is provided; and

(B) the reasonable living expenses of the individual during the period for which the traineeship is provided.

(2) Doctoral programs

The Secretary may not obligate more than 10 percent of the traineeships under subsection (a) for individuals in doctorate degree programs.

(3) Special consideration

In making awards of grants and contracts under subsection (a)(2), the Secretary shall give special consideration to an eligible entity that agrees to expend the award to train advanced education nurses who will practice in health professional shortage areas designated under section 254e of this title.

(Act July 1, 1944, c. 373, Title VIII, § 811, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 123(4), 112 Stat. 3566.)

HISTORICAL AND STATUTORY NOTES

Prior Provisions

A prior section 296j, Act July 1, 1944, c. 373, Title VIII, § 815, as added July 29, 1975, Pub.L. 94–63, Title IX, § 921, 89 Stat. 358, and amended Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2752, 95 Stat. 929, relating to authorization, terms and conditions, etc., respecting grants for operational costs or meeting accreditation requirements, was repealed by Pub. L. 99–92, § 9(a)(1), Aug. 16, 1985, 99 Stat. 400.

LIBRARY REFERENCES

American Digest System

United States ⟹82(2).

Encyclopedias

C.J.S. United States § 122.

WESTLAW ELECTRONIC RESEARCH

United States cases: 393k[add key number]

§§ 296k, 296*l*. Repealed. Pub.L. 105–392, Title I, § 123(1), Nov. 13, 1998, 112 Stat. 3562

HISTORICAL AND STATUTORY NOTES

Section 296k, July 1, 1944, c. 373, Title VIII, § 820, as added July 29, 1975, Pub.L. 94–63, Title IX, § 931(a), 89 Stat. 359, and amended Sept. 29, 1979, Pub.L. 96–76, Title I, § 105, 93 Stat. 579; Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2753(a)(1), (b), 95 Stat. 929; Sept. 13, 1982, Pub.L. 97–258, § 4(b), 96 Stat. 1067; Aug.

16, 1985, Pub.L. 99–92, § 3, 99 Stat. 393; Oct. 22, 1985, Pub.L. 99–129, Title II, § 227(a), 99 Stat. 547; Nov. 4, 1988, Pub.L. 100–607, Title VII, §§ 701(a)(2)(b) to (i), 721(b)(1), 102 Stat. 3153 to 3156, 3165; Oct. 13, 1992, Pub.L. 102–408, Title II, § 202(a), 106 Stat. 2069; Oct. 27, 1992, Pub.L. 102–531, Title III, § 313(a)(9), 106 Stat. 3507, related to special project grants and contracts.

Section 296*l*, July 1, 1944, c. 373, Title VIII, § 821, as added July 29, 1975, Pub.L. 94–63, Title IX, § 931(a), 89 Stat. 361, and amended Sept. 29, 1979, Pub.L. 96–76, Title I, § 106, 93 Stat. 579; Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2754, 95 Stat. 930; Aug. 16, 1985, Pub. L. 99–92, § 4, 99 Stat. 394; Oct. 22, 1985, Pub.L. 99–129, Title II, § 227(b), 99 Stat. 548; Nov. 4, 1988, Pub.L. 100–607, Title VII, § 702, 102 Stat. 3157; Oct. 13, 1992, Pub.L. 102–408, Title II, § 203, 106 Stat. 2072, related to advanced nurse education.

Savings Provisions

Pub.L. 102–408, Title II, § 202(c), Oct. 13, 1992, 106 Stat. 2072, provided that: "In the case of any authority for making awards of grants or contracts that is terminated by the amendment made by subsection (a) [amending this section], the Secretary of Health and Human Services may, notwithstanding the termination of the authority, continue in effect any grant or contract made under the authority that is in effect on the day before the date of the enactment of this Act [Oct. 13, 1992], subject to the duration of any such grant or contract not exceeding the period determined by the Secretary in first approving such financial assistance, or in approving the most recent request made (before the date of such enactment) for continuation of such assistance, as the case may be."

Part C—Increasing Nursing Workforce Diversity

HISTORICAL AND STATUTORY NOTES

Amendments

1998 Amendments. Pub.L. 105–392, Title I, § 123(4), Nov. 13, 1998, 112 Stat. 3566, added the heading for Part C "Increasing Nursing Workforce Diversity".

§ 296m. Workforce diversity grants

(a) In general

The Secretary may award grants to and enter into contracts with eligible entities to meet the costs of special projects to increase nursing education opportunities for individuals who are from disadvantaged backgrounds (including racial and ethnic minorities underrepresented among registered nurses) by providing student scholarships or stipends, pre-entry preparation, and retention activities.

(b) Guidance

In carrying out subsection (a), the Secretary shall take into consideration the recommendations of the First, Second and Third Invitational Congresses for Minority Nurse Leaders on 'Caring for the Emerging Majority,' in 1992, 1993 and 1997, and consult with nursing associations including the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Black Nurses Association, the National Association of Hispanic Nurses, the Association of Asian American and Pacific Islander Nurses, the Native American Indian and Alaskan Nurses Association, and the National Council of State Boards of Nursing.

(c) Required information and conditions for award recipients

(1) In general

Recipients of awards under this section may be required, where requested, to report to the Secretary concerning the annual admission, retention, and graduation rates for individuals from disadvantaged backgrounds and ethnic and racial minorities in the school or schools involved in the projects.

(2) Falling rates

If any of the rates reported under paragraph (1) fall below the average of the two previous years, the grant or contract recipient shall provide the Secretary with plans for immediately improving such rates.

(3) Ineligibility

A recipient described in paragraph (2) shall be ineligible for continued funding under this section if the plan of the recipient fails to improve the rates within the 1-year period beginning on the date such plan is implemented.

(Act July 1, 1944, c. 373, Title VIII, § 821, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 123(4), 112 Stat. 3568.)

HISTORICAL AND STATUTORY NOTES

Prior Provisions

A prior section 296m, July 1, 1944, c. 373, Title VIII, § 822, as added July 29, 1975, Pub.L. 94–63, Title IX, § 931(a), 89 Stat. 361, and amended Aug. 1, 1977, Pub.L. 95–83, Title III, § 307(*o*)(5)(A), 91 Stat. 393; Sept. 29, 1979, Pub.L. 96–76, Title I, § 107, 93 Stat. 579; Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2755, 95 Stat. 930; Aug. 16, 1985, Pub. L. 99–92, § 5, 99 Stat. 394; Oct. 22, 1985, Pub.L. 99–129, Title II, § 227(c), 99 Stat. 548; Nov. 4, 1988, Pub.L. 100–607, Title VII, § 703, 102 Stat. 3157; Aug. 16, 1989, Pub.L. 101–93, § 5(q), 103 Stat. 614; Nov. 16, 1990, Pub.L. 101–597, Title IV, § 401(b)(1), 104 Stat. 3035; Oct. 13, 1992, Pub.L. 102–408, Title II, § 204, 106 Stat. 2072, related to nurse practitioner and nurse midwife programs.

LIBRARY REFERENCES

American Digest System

United States ⇐82(2).

Encyclopedias

C.J.S. United States § 122.

WESTLAW ELECTRONIC RESEARCH

United States cases: 393k[add key number]

PART D—STRENGTHENING CAPACITY FOR BASIC NURSE EDUCATION AND PRACTICE

HISTORICAL AND STATUTORY NOTES

Amendments

1998 Amendments. Pub.L. 105–392, Title I, § 123(4), Nov. 13, 1998, 112 Stat. 3568, added the heading for Part D "STRENGTHENING CAPACITY FOR BASIC NURSE EDUCATION AND PRACTICE".

§ 296p. Basic nurse education and practice grants

(a) In general

The Secretary may award grants to and enter into contracts with eligible entities for projects to strengthen capacity for basic nurse education and practice.

(b) Priority areas

In awarding grants or contracts under this section the Secretary shall give priority to entities that will use amounts provided under such a grant or contract to enhance the educational mix and utilization of the basic nursing workforce by strengthening programs that provide basic nurse education, such as through—

(1) establishing or expanding nursing practice arrangements in noninstitutional settings to demonstrate methods to improve access to primary health care in medically underserved communities;

(2) providing care for underserved populations and other high-risk groups such as the elderly, individuals with HIV–AIDS, substance abusers, the homeless, and victims of domestic violence;

(3) providing managed care, quality improvement, and other skills needed to practice in existing and emerging organized health care systems;

(4) developing cultural competencies among nurses;

(5) expanding the enrollment in baccalaureate nursing programs;

(6) promoting career mobility for nursing personnel in a variety of training settings and cross training or specialty training among diverse population groups;

(7) providing education in informatics, including distance learning methodologies; or

(8) other priority areas as determined by the Secretary.

(Act July 1, 1944, c. 373, Title VIII, § 831, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 123(4), 112 Stat. 3568.)

LIBRARY REFERENCES

American Digest System

United States ⇐82(2).

Encyclopedias

C.J.S. United States § 122.

WESTLAW ELECTRONIC RESEARCH

United States cases: 393k[add key number]

§ 296r. Repealed. Pub.L. 105–392, Title I, § 123, Nov. 13, 1998, 112 Stat. 3562

HISTORICAL AND STATUTORY NOTES

Section 296r, July 1, 1944, c. 373, Title VIII, § 827, as added Nov. 4, 1988, Pub.L. 100–607, Title VII, § 701(a)(3), 102 Stat. 3153, and amended Oct. 13, 1992, Pub.L. 102–408, Title II, § 205, 106 Stat. 2073, related to the funding of special projects to provide nursing education opportunities for individuals from disadvantaged backgrounds.

§§ 297, 297–1. Repealed. Pub.L. 105–392, Title I, § 123(1), Nov. 13, 1998, 112 Stat. 3562

HISTORICAL AND STATUTORY NOTES

Section 297, July 1, 1944, c. 373, Title VIII, § 830, formerly § 821, as added Sept. 4, 1964, Pub.L. 88–581, § 2, 78 Stat. 913, and amended Aug. 16, 1968, Pub.L. 90–490, Title II, § 221, 82 Stat. 783; July 9, 1971, Pub.L. 92–52, § 5, 85 Stat. 145; Nov. 18, 1971, Pub.L. 92–158, §§ 5, 13, 85 Stat. 475, 480; renumbered § 830 and amended July 29, 1975, Pub.L. 94–63, Title IX, §§ 935, 941(g)(2), 89 Stat. 362, 365; Oct. 12, 1976, Pub.L. 94–484, Title IX, § 901, 90 Stat. 2323; Aug. 1, 1977, Pub.L. 95–83, Title III, § 307(*o*)(5)(B), 91 Stat. 394; Sept. 29, 1979, Pub.L. 96–76, Title I, § 108, 93 Stat. 579; Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2756, 95 Stat. 931; Aug. 16, 1985, Pub. L. 99–92, § 6, 99 Stat. 395; Nov. 4, 1988, Pub.L. 100–607, Title VII, § 711, 102 Stat. 3159; Oct. 13, 1992, Pub.L. 102–408, Title II, § 206, 106 Stat. 2073; June 10, 1993, Pub.L. 103–43, Title XX, § 2014(f), 107 Stat. 217, related to traineeships for advanced education of professional nurses.

Section 297–1, July 1, 1944, c. 373, Title VIII, § 831, as added Sept. 29, 1979, Pub.L. 96–76, Title I, § 111, 93 Stat. 580, and amended Jan. 4, 1983, Pub.L. 97–414, § 8(*l*), 96 Stat. 2061; Aug. 16, 1985, Pub.L. 99–92, § 7, 99 Stat. 396; Nov. 4, 1988, Pub.L. 100–607, Title VII, § 712, 102 Stat. 3160; Oct. 13, 1992, Pub.L. 102–408, Title II, § 207, 106 Stat. 2074, related to the funding of traineeships for nurse anesthetists.

PART E—STUDENT LOANS

HISTORICAL AND STATUTORY NOTES

Amendments

1998 Amendments. Pub.L. 105–393, Title I, § 123(1), Nov. 13, 1998, 112 Stat. 3562, struck the former Subpart heading which read "*Subpart II—Student Loans*" and inserted "PART E—STUDENT LOANS".

§ 297a. Student loan fund

LIBRARY REFERENCES

Encyclopedias

Public aid to colleges and universities, see C.J.S. Colleges and Universities § 7.

Scholarships in general, see C.J.S. Colleges and Universities § 33.

Texts and Treatises

17 Fed. Proc. L Ed Health, Education, and Welfare § 42:285.

§ 297b. Loan provisions

(a) Maximum amount per individual per year; preference to first year students

The total of the loans for any academic year (or its equivalent, as determined under regulations of the Secretary) made by schools of nursing from loan funds established pursuant to agreements under this subpart may not exceed $2,500 in the case of any student, except that for the final two academic years of the program involved, such total may not exceed $4,000. The aggregate of the loans for all years from such funds may not exceed $13,000 in the case of any student. In the granting of such loans, a school shall give preference to licensed practical nurses, to persons with exceptional financial need, and to persons who enter as first-year students after enactment of this subchapter.

(b) Terms and conditions

Loans from any such student loan fund by any school shall be made on such terms and conditions as the school may determine; subject, however, to such conditions, limitations, and requirements as the Secretary may prescribe (by regulation or in the agreement with the school) with a view to preventing impairment of the capital of such fund to the maximum extent practicable in the light of the objective of enabling the student to complete his course of study; and except that—

(1) such a loan may be made only to a student who (A) is in need of the amount of the loan to pursue a full-time or half-time course of study at the school leading to a baccalaureate or associate degree in nursing or an equivalent degree, or a diploma in nursing, or a graduate degree in nursing, (B) is capable, in the opinion of the school, of maintaining good standing in such course of study, and (C) with respect to any student enrolling in the school after June 30, 1986, is of financial need (as defined in regulations issued by the Secretary);;[1]

(2) such a loan shall be repayable in equal or graduated periodic installments (with the right of the borrower to accelerate repayment) over the ten-year period which begins nine months after the student ceases to pursue a full-time or half-time course of study at a school of nursing, excluding from such 10-year period all (A) periods (up to three years) of (i) active duty performed by the borrower as a member of a uniformed service, or (ii) service as a volunteer under the Peace Corps Act [22 U.S.C.A. § 2501 et seq.], (B) periods (up to ten years) during which the borrower is pursuing a full-time or half-time course of study at a collegiate school of nursing leading to baccalaureate degree in nursing or an equivalent degree, or to graduate degree in nursing, or is otherwise pursuing advanced professional training in nursing (or training to be a nurse anesthetist), and (C) such additional periods under the terms of paragraph (8) of this subsection;

(3) in the case of a student who received such a loan before September 29, 1979, an amount up to 85 per centum of any such loan made before such date (plus interest thereon) shall be canceled for full-time employment as a professional nurse (including teaching in any of the fields of nurse training and service as an administrator, supervisor, or consultant in any of the fields of nursing) in any public or nonprofit private agency, institution, or organization (including neighborhood health centers), at the rate of 15 per centum of the amount of such loan (plus interest) unpaid on the first day of such service for each of the first, second, and third complete year of such service, and 20 per centum of such amount (plus interest) for each complete fourth and fifth year of such service;

(4) the liability to repay the unpaid balance of such loan and accrued interest thereon shall be canceled upon the death of the borrower, or if the Secretary determines that he has become permanently and totally disabled;

(5) such a loan shall bear interest on the unpaid balance of the loan, computed only for periods during which the loan is repayable, at the rate of 5 percent per annum;

(6) such a loan shall be made without security or endorsement, except that if the borrower is a minor and the note or other evidence of obligation executed by him would not, under the applicable law, create a binding obligation, either security or endorsement may be required;

(7) no note or other evidence of any such loan may be transferred or assigned by the school making the loan except that, if the borrower transfers to another school participating in the program under this subpart such note or other evidence of a loan may be transferred to such other school; and

(8) pursuant to uniform criteria established by the Secretary, the repayment period established under paragraph (2) for any student borrower who during the repayment period failed to make consecutive payments and who, during the last 12 months of the repayment period, has made at least 12 consecutive payments may be extended for a period not to exceed 10 years.

(c) Cancellation

Where all or any part of a loan, or interest, is canceled under this section, the Secretary shall pay to the school an amount equal to the school's proportionate share of the canceled portion, as determined by the Secretary.

(d) Installments

Any loan for any year by a school from a student loan fund established pursuant to an agreement under this subpart shall be made in such installments as may be provided in regulations of the Secretary or such agreement and, upon notice to the Secretary by the school that any recipient of a loan is failing to maintain satisfactory standing, any or all further installments of his loan shall be withheld, as may be appropriate.

(e) Availability to eligible students in need

An agreement under this subpart with any school shall include provisions designed to make loans from the student loan fund established thereunder reasonably available (to the extent of the available funds in such fund) to all eligible students in the school in need thereof.

(f) Penalty for late payment

Subject to regulations of the Secretary and in accordance with this section, a school shall assess a charge with respect to a loan from the loan fund established pursuant to an agreement under this subpart for failure of the borrower to pay all or any part of an installment when it is due and, in the case of a borrower who is entitled to deferment of the loan under subsection (b)(2) of this section or cancellation of part or all of the loan under subsection (b)(3) of this section, for any failure to file timely and satisfactory evidence of such entitlement. No such charge may be made if the payment of such installment or the filing of such evidence is made within 60 days after the date on which such installment or filing is due. The amount of any such charge may not exceed an amount equal to 6 percent of the amount of such installment. The school may elect to add the amount of any such charge to the principal amount of the loan as of the first day after the day on which such installment or evidence was due, or to make the amount of the charge payable to the school not later than the due date of the next installment after receipt by the borrower of notice of the assessment of the charge.

(g) Minimum monthly repayment

A school may provide in accordance with regulations of the Secretary, that during the repayment period of a loan from a loan fund established pursuant to an agreement under this subpart payments of principal and interest by the borrower with respect to all the outstanding loans made to him from loan funds so established shall be at a rate equal to not less than $40 per month.

(h) Loan cancellation

Notwithstanding the amendment made by section 6(b) of the Nurse Training Act of 1971 to this section—

(A) any person who obtained one or more loans from a loan fund established under this subpart, who before November 18, 1971, became eligible for cancellation of all or part of such loans (including accrued interest) under this section (as in effect on the day before such date), and who on such date was not engaged in a service for which loan cancellation was authorized under this section (as so in effect), may at any time elect to receive such cancellation in accordance with this subsection (as so in effect); and

(B) in the case of any person who obtained one or more loans from a loan fund established under this subpart and who on such date was engaged in a service for which cancellation of all or part of such loans (including accrued interest) was authorized under this section (as so in effect), this section (as so in effect) shall continue to apply to such person for purposes of providing such loan cancellation until he terminates such service.

Nothing in this subsection shall be construed to prevent any person from entering into an agreement for loan cancellation under subsection (h) of this section (as amended by section 6(b)(2) of the Nurse Training Act of 1971).

(i) Loan repayment

Upon application by a person who received, and is under an obligation to repay, any loan made to such person as a nursing student, the Secretary may undertake to repay (without liability to the applicant) all or any part of such loan, and any interest or portion thereof outstanding thereon, upon his determination, pursuant to regulations establishing criteria therefor, that the applicant—

(1) failed to complete the nursing studies with respect to which such loan was made;

(2) is in exceptionally needy circumstances; and

(3) has not resumed, or cannot reasonably be expected to resume, such nursing studies within two years following the date upon which the applicant terminated the studies with respect to which such loan was made.

(j) Collection by Secretary of loan in default; preconditions and procedures applicable

The Secretary is authorized to attempt to collect any loan which was made under this subpart, which is in default, and which was referred to the Secretary by a school of nursing with which the Secretary has an agreement under this subpart, on behalf of that school under such terms and conditions as the Secretary may prescribe (including reimbursement from the school's student loan fund for expenses the Secretary may reasonably incur in attempting collection), but only if the school has complied with such requirements as the Secretary may specify by regulation with respect to the collection of loans under this subpart. A loan so referred shall be treated as a debt subject to section 5514 of Title 5. Amounts collected shall be deposited in the school's student loan fund. Whenever the Secretary desires the institution of a civil action regarding any such loan, the Secretary shall refer the matter to the Attorney General for appropriate action.

(k) Redesignated (j)

(*l*) Elimination of statute of limitation for loan collections

(1) Purpose

It is the purpose of this subsection to ensure that obligations to repay loans under this section are enforced without regard to any Federal or State statutory, regulatory, or administrative limitation on the period within which debts may be enforced.

(2) Prohibition

Notwithstanding any other provision of Federal or State law, no limitation shall terminate the period within which suit may be filed, a judgment may be enforced, or an offset, garnishment, or other action may be initiated or taken by a school of nursing that has an agreement with the Secretary pursuant to section 297a of this title that is seeking the repayment of the amount due from a borrower on a loan made under this subpart after the default of the borrower on such loan.

(July 1, 1944, c. 373, Title VIII, § 836, formerly § 823, as added Sept. 4, 1964, Pub.L. 88–581, § 2, 78 Stat. 914, amended Oct. 22, 1965, Pub.L. 89–290, § 4(g)(2), 79 Stat. 1058; Aug. 16, 1968, Pub.L. 90–490, Title II, § 222(b), (c)(1), 82 Stat. 783, 784; Nov. 18, 1971, Pub.L. 92–158, § 6(a), (b)(1), (e), 85 Stat. 475, 476, 478; renumbered § 836 and amended July 29, 1975, Pub.L. 94–63, Title IX, §§ 936(b), 941(h)(1), (2), (5), (i)(1), 89 Stat. 363, 365; Sept. 29, 1979, Pub.L. 96–76, Title I, § 112, 93 Stat. 580; Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2757(b), 95 Stat. 931; Aug. 16, 1985, Pub. L. 99–92, § 8(b)–(d), 99 Stat. 398; Nov. 4, 1988, Pub.L. 100–607, Title VII, §§ 713(b)–(g), 714(a)–(c), 102 Stat. 3160, 3161; Aug. 16, 1989, Pub.L. 101–93, § 5(r), 103 Stat. 614; Oct. 13, 1992, Pub.L. 102–408, Title II, § 211(a)(1), 106 Stat. 2078; Nov. 13, 1998, Pub.L. 105–392, Title I, § 133(a), (b), (c)(1), 112 Stat. 3575.)

[1] So in original. One of the semicolons probably should not appear.

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–295, see 1992 U.S. Code Cong. and Adm. News, p. 1382

References in Text

Section 6(b) of the Nurse Training Act of 1971, referred to in subsec. (h), is § 6(b) of Pub.L. 92–158, Nov. 18, 1971, 85 Stat. 476. Section 6(b)(1) amended subsec. (b)(3) of this section, added former subsec. (h) of this section, and enacted the provisions editorially classified to subsec. (i) [now (h)] of this section. Section 6(b)(2) enacted section 297i of this title which was transferred and redesignated as subsec. (j) [now (i)] of this section pursuant to section 941(h)(5) of Pub.L. 94–63.

Codifications

Provisions of subsec. (i) [now (h)] of this section were, in the original, enacted by section 6(b)(1) of Pub.L. 92–158, without directory language with respect to classification in the Code and have been editorially set out as subsec. (i) [now (h)] as the probable intent of Congress.

Amendments

1998 Amendments. Subsec. (b)(1). Pub.L. 105–392, § 133(a)(1), struck the period at the end and inserted a semicolon.

Subsec. (b)(2). Pub.L. 105–392, § 133(a)(2), struck "and" at the end of subpar. (A) and inserted ", and (C) such additional periods under the terms of paragraph (8) of this subsection".

Subsec. (b)(8). Pub.L. 105–392, § 133(a)(3), (4), added par. (8).

Subsec. (g). Pub.L. 105–392, § 133(b), struck "$15" and inserted "$40".

Subsec. (*l*). Pub.L. 105–392, § 133(c)(1), added subsec. (*l*).

1992 Amendments. Subsec. (h). Pub.L. 102–408, § 211(a)(1), redesignated former subsec. (i) as subsec. (h). Former subsec. (h), relat-

ing to service agreements and loan repayments, was struck out.

Subsec. (i) to (k). Pub.L. 102–408, § 211(a)(2), redesignated former subsecs. (i) to (k) as (h) to (j), respectively.

Effective and Applicability Provisions

1998 Acts. Section 133(c)(2) of Pub.L. 105–392 provided that: "The amendment made by paragraph (1) [adding subsec. (*l*) of this section] shall be effective with respect to actions pending on or after the date of enactment of this Act [Nov. 13, 1998]."

Rule of construction

Section 211(b) of Pub.L. 102–408 provided that: "With respect to section 836(h) of the Public Health Service Act [subsection (h) of this section], as in effect prior to the date of the enactment of this Act [Oct. 13, 1992], any agreement entered into under such section that is in effect on the day before such date remains in effect in accordance with the terms of the agreement, notwithstanding the amendment made by subsection (a) of this section [enacting section 297n of this title, amending this section, and repealing section 297c–1 of this title]."

LIBRARY REFERENCES

Encyclopedias

Public aid to colleges and universities, see C.J.S. Colleges and Universities § 7.

Scholarships in general, see C.J.S. Colleges and Universities § 33.

Texts and Treatises

17 Fed. Proc. L Ed Health, Education, and Welfare § 42:285.

§ 297c. Repealed. Pub.L. 105–392, Title I, § 123(3), Nov. 13, 1998, 112 Stat. 3562

HISTORICAL AND STATUTORY NOTES

Section 297c, July 1, 1944, c. 373, Title VIII, § 837, formerly § 824, as added Sept. 4, 1964, Pub.L. 88–581, § 2, 78 Stat. 915, amended Nov. 3, 1966, Pub.L. 89–751, § 6(b), 80 Stat. 1235; Aug. 16, 1968, Pub.L. 90–490, Title II, § 222(d), 82 Stat. 784; July 9, 1971, Pub.L. 92–52, § 3(a), 85 Stat. 144; Nov. 18, 1971, Pub.L. 92–158, § 6(c), 85 Stat. 477; Aug. 23, 1974, Pub.L. 93–385, § 3(a), 88 Stat. 741, and renumbered § 837 and amended July 29, 1975, Pub.L. 94–63, Title IX, §§ 936(c), 941(i)(1), (3), 89 Stat. 363, 365, 366; Sept. 29, 1979, Pub.L. 96–76, Title I, § 109(b), 93 Stat. 580; Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2757(c), 95 Stat. 931, related to authorization of appropriations for student loan funds.

§ 297c–1. Repealed. Pub.L. 102–408, Title II, § 211(a)(2), Oct. 13, 1992, 106 Stat. 2078

HISTORICAL AND STATUTORY NOTES

Section, Act July 1, 1944, c. 373, Title VIII, § 837A, as added Nov. 4, 1988, Pub.L. 100–607, Title VII, § 714(d), 102 Stat. 3162, authorized appropriations for educational loan repayments for nurses serving in certain health facilities.

§ 297d. Allotments and payments of Federal capital contributions

(a) Application for allotment; reduction or adjustment of amount requested in application; reallotment; continued availability of funds

(1) The Secretary shall from time to time set dates by which schools of nursing must file applications for Federal capital contributions.

(2)(A) If the total of the amounts requested for any fiscal year in such applications exceeds the total amount appropriated under section 297c of this title for that fiscal year, the allotment from such total amount to the loan fund of each school of nursing shall be reduced to whichever of the following is the smaller:

(i) The amount requested in its application.

(ii) An amount which bears the same ratio to the total amount appropriated as the number of students estimated by the Secretary to be enrolled on a full-time basis in such school during such fiscal year bears to the estimated total number of students enrolled in all such schools on a full-time basis during such year.

(B) Amounts remaining after allotment under subparagraph (A) shall be reallotted in accordance with clause (ii) of such subparagraph among schools whose applications requested more than the amounts so allotted to their loan funds, but with such adjustments as may be necessary to prevent the total allotted to any such school's loan fund under this paragraph and paragraph (3) from exceeding the total so requested by it.

(3) Funds which, pursuant to section 297e(c) of this title or pursuant to a loan agreement under section 297a of this title, are returned to the Secretary in any fiscal

year, shall be available for allotment until expended. Funds described in the preceding sentence shall be allotted among schools of nursing in such manner as the Secretary determines will best carry out this subpart.

(b) Installment payment of allotments

Allotments to a loan fund of a school shall be paid to it from time to time in such installments as the Secretary determines will not result in unnecessary accumulations in the loan fund at such school.

(c) Manner of payment

The Federal capital contributions to a loan fund of a school under this subpart shall be paid to it from time to time in such installments as the Secretary determines will not result in unnecessary accumulations in the loan fund at such school.

(July 1, 1944, c. 373, Title VIII, § 838, formerly § 825, as added Sept. 4, 1964, Pub.L. 88–581, § 2, 78 Stat. 915, and amended Nov. 3, 1966, Pub.L. 89–751, § 6(c), 80 Stat. 1235; Aug. 16, 1968, Pub.L. 90–490, Title II, § 222(e), 82 Stat. 785; renumbered § 838 and amended July 29, 1975, Pub.L. 94–63, Title IX, § 941(h)(1), (2), (4)(A), (i)(1), (4), 89 Stat. 365, 366; Aug. 16, 1985, Pub.L. 99–92, § 8(e), 99 Stat. 398; Nov. 4, 1988, Pub.L. 100–607, Title VII, § 713(h)(1), 102 Stat. 3161; Oct. 13, 1992, Pub.L. 102–408, Title II, § 208(a), 106 Stat. 2075.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

Amendments

1992 Amendments. Subsec. (a)(3). Pub.L. 102–408, § 208(a), substituted "until expended" for "in such fiscal year and in the fiscal year succeeding the fiscal year", struck out ", except that in making such allotments, the Secretary shall give priority to schools of nursing which established student loan funds under this subpart after September 30, 1975" following "carry out this subpart", struck out subpar. (B), relating to funds returned to the Secretary and not allotted by the Secretary, and struck out subpar. (A) designation.

LIBRARY REFERENCES

Encyclopedias

Public aid to colleges and universities, see C.J.S. Colleges and Universities § 7.

Scholarships in general, see C.J.S. Colleges and Universities § 33.

§ 297e. Distribution of assets from loan funds

(a) Capital distribution of loan fund

If a school terminates a loan fund established under an agreement pursuant to section 297a(b) of this title, or if the Secretary for good cause terminates the agreement with the school, there shall be a capital distribution as follows:

(1) The Secretary shall first be paid an amount which bears the same ratio to such balance in such fund on the date of termination of the fund, as the total amount of the Federal capital contributions to such fund by the Secretary pursuant to section 297a(b)(2)(A) of this title bears to the total amount in such fund derived from such Federal capital contributions and from funds deposited therein pursuant to section 297a(b)(2)(B) of this title.

(2) The remainder of such balance shall be paid to the school.

(b) Payment of principal or interest on loans

If a capital distribution is made under subsection (a), the school involved shall, after such capital distribution, pay to the Secretary, not less often than quarterly, the same proportionate share of amounts received by the school in payment of principal or interest on loans made from the loan fund established under section 297a(b) of this title as determined by the Secretary under subsection (a).

(c) Payment of balance of loan fund

(1) Within 90 days after the termination of any agreement with a school under section 297a of this title or the termination in any other manner of a school's participation in the loan program under this subpart, such school shall pay to the Secretary from the balance of the loan fund of such school established under section 297a of this title, an amount which bears the same ratio to the balance in such fund on the date of such

termination as the total amount of the Federal capital contributions to such fund by the Secretary pursuant to section 297a(b)(2)(A) of this title bears to the total amount in such fund on such date derived from such Federal capital contributions and from funds deposited in the fund pursuant to section 297a(b)(2)(B) of this title. The remainder of such balance shall be paid to the school.

(2) A school to which paragraph (1) applies shall pay to the Secretary after the date on which payment is made under such paragraph and not less than quarterly, the same proportionate share of amounts received by the school after the date of termination referred to in paragraph (1) in payment of principal or interest on loans made from the loan fund as was determined for the Secretary under such paragraph.

(July 1, 1944, c. 373, Title VIII, § 839, formerly § 826, as added Sept. 4, 1964, Pub.L. 88–581, § 2, 78 Stat. 916, and amended Nov. 3, 1966, Pub.L. 89–751, § 6(d), 80 Stat. 1235; Aug. 16, 1968, Pub.L. 90–490, Title II, § 222(f), 82 Stat. 785; July 9, 1971, Pub.L. 92–52, § 3(b), 85 Stat. 145; Nov. 18, 1971, Pub.L. 92–158, § 6(d)(1), 85 Stat. 478; renumbered § 839 and amended July 29, 1975, Pub.L. 94–63, Title IX, §§ 936(d), 941(h)(1), (2), (4)(B), (i)(1), (5), 89 Stat. 363, 365, 366; July 10, 1979, Pub.L. 96–32, § 7(j), 93 Stat. 84; Sept. 29, 1979, Pub.L. 96–76, Title I, § 109(c), 93 Stat. 580; Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2757(d), 95 Stat. 931; Aug. 16, 1985, Pub.L. 99–92, § 8(f), 99 Stat. 399; Nov. 4, 1988, Pub.L. 100–607, Title VII, § 713(i), 102 Stat. 3161; Oct. 13, 1992, Pub.L. 102–408, Title II, § 208(b), 106 Stat. 2075; Nov. 13, 1998, Pub.L. 105–392, Title I, § 133(e), 112 Stat. 3577.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

Codifications

Amendment by Pub.L. 102–408, § 208(b)(1), which directed that "1991"be struck out of subsec. (a) and "1996" inserted in lieu thereof, could not be executed to text as subsec. (a) contains no such language.

Amendments

1998 Amendments. Subsec. (a). Pub.L. 105–392, § 133(e)(1)(A), rewrote the matter preceding par. (1) which formerly read: "After September 30, 1999, and not later than December 31, 1999, there shall be a capital distribution of the balance of the loan fund established under an agreement pursuant to section 297a(b) of this title by each school as follows:".

Subsec. (a)(1). Pub.L. 105–392, § 133(e)(1)(B), struck "at the close of September 30, 1999," and inserted "on the date of termination of the fund".

Subsec. (b). Pub.L. 105–392, § 133(e)(2), rewrote subsec. (b) which formerly read: "After December 31, 1999, each school with which the Secretary has made an agreement under this subpart shall pay to the Secretary, not less often than quarterly, the same proportionate share of amounts received by the school after September 30, 1999, in payment of principal or interest on loans made from the loan fund established pursuant to such agreement as was determined for the Secretary under subsection (a) of this section."

1992 Amendments. Subsec. (a). Pub.L. 102–408, § 208(b)(1), directed the substitution of "1996" for "1991". This substitution could not be executed. See Codification note in this section.

Pub.L. 102–408, § 208)b)(2), substituted "1999" for"1994" wherever appearing.

Subsec. (b). Pub.L. 102–408, § 208(b)(2), substituted "1999" for "1994" wherever appearing.

LIBRARY REFERENCES

Encyclopedias

Public aid to colleges and universities, see C.J.S. Colleges and Universities § 7.

Scholarships in general, see C.J.S. Colleges and Universities § 33.

Texts and Treatises

17 Fed. Proc. L Ed Health, Education, and Welfare § 42:286.

§ 297j. Repealed. Pub.L. 102–531, Title III, § 313(a)(11), Oct. 27, 1992, 106 Stat. 3507

§ 297n. Loan repayment program

(a) In general

In the case of any individual—

(1) who has received a baccalaureate or associate degree in nursing (or an equivalent degree), a diploma in nursing, or a graduate degree in nursing;

(2) who obtained (A) one or more loans from a loan fund established under subpart II, or (B) any other educational loan for nurse training costs; and

(3) who enters into an agreement with the Secretary to serve as nurse for a period of not less than two years in an Indian Health Service health center, in a Native Hawaiian health center, in a public hospital, in a migrant health center, in a community health center, in a rural health clinic, or in a public or nonprofit private health facility determined by the Secretary to have a critical shortage of nurses;

the Secretary shall make payments in accordance with subsection (b) of this section, for and on behalf of that individual, on the principal of and interest on any loan of that individual described in paragraph (2) of this subsection which is outstanding on the date the individual begins the service specified in the agreement described in paragraph (3) of this subsection.

(b) Manner of payments

The payments described in subsection (a) of this section shall be made by the Secretary as follows:

(1) Upon completion by the individual for whom the payments are to be made of the first year of the service specified in the agreement entered into with the Secretary under subsection (a) of this section, the Secretary shall pay 30 percent of the principal of, and the interest on each loan of such individual described in subsection (a)(2) of this section which is outstanding on the date he began such practice.

(2) Upon completion by that individual of the second year of such service, the Secretary shall pay another 30 percent of the principal of, and the interest on each such loan.

(3) Upon completion by that individual of a third year of such service, the Secretary shall pay another 25 percent of the principal of, and the interest on each such loan.

(c) Payment by due date

Notwithstanding the requirement of completion of practice specified in subsection (b) of this section, the Secretary shall, on or before the due date thereof, pay any loan or loan installment which may fall due within the period of service for which the borrower may receive payments under this subsection, upon the declaration of such borrower, at such times and in such manner as the Secretary may prescribe (and supported by such other evidence as the Secretary may reasonably require), that the borrower is then serving as described by subsection (a)(3) of this section, and that the borrower will continue to so serve for the period required (in the absence of this subsection) to entitle the borrower to have made the payments provided by this subsection for such period; except that not more than 85 percent of the principal of any such loan shall be paid pursuant to this subsection.

(d) Breach of agreement

The Secretary may make payments under subsection (a) of this section on behalf of an individual only if the agreement under such subsection provides that section 298b–7(c) of this title is applicable to the individual.

(e) Preferences regarding participants

In entering into agreements under subsection (a) of this section, the Secretary shall give preference—

(1) to qualified applicants with the greatest financial need; and

(2) to qualified applicants that, with respect to health facilities described in such subsection, agree to serve in such health facilities located in geographic areas with a shortage of and need for nurses, as determined by the Secretary.

(f) Definitions

For purposes of this section:

(1) The term "community health center" has the meaning given such term in section 254c(a) of this title.

(2) The term "migrant health center" has the meaning given such term in section section 254b(a)(1) of this title.

(3) The term "rural health clinic" has the meaning given such term in section 1395x(aa)(2) of this title.

(g) Authorization of appropriations

For the purpose of payments under agreements entered into under subsection (a) of this section, there are authorized to be appropriated $5,000,000 for fiscal year 1993, and $6,000,000 for fiscal year 1994.

(h) Breach of agreement

(1) In general

In the case of any program under this section under which an individual makes an agreement to provide health services for a period of time in accordance with such program in consideration of receiving an award of Federal funds regarding education as a nurse (including an award for the repayment of loans), the following applies if the agreement provides that this subsection is applicable:

(A) In the case of a program under this section that makes an award of Federal funds for attending an accredited program of nursing (in this section referred to as a 'nursing program'), the individual is liable to the Federal Government for the amount of such award (including amounts provided for expenses related to such attendance), and for interest on such amount at the maximum legal prevailing rate, if the individual—

(i) fails to maintain an acceptable level of academic standing in the nursing program (as indicated by the program in accordance with requirements established by the Secretary);

(ii) is dismissed from the nursing program for disciplinary reasons; or

(iii) voluntarily terminates the nursing program.

(B) The individual is liable to the Federal Government for the amount of such award (including amounts provided for expenses related to such attendance), and for interest on such amount at the maximum legal prevailing rate, if the individual fails to provide health services in accordance with the program under this section for the period of time applicable under the program.

(2) Waiver or suspension of liability

In the case of an individual or health facility making an agreement for purposes of paragraph (1), the Secretary shall provide for the waiver or suspension of liability under such subsection if compliance by the individual or the health facility, as the case may be, with the agreements involved is impossible, or would involve extreme hardship to the individual or facility, and if enforcement of the agreements with respect to the individual or facility would be unconscionable.

(3) Date certain for recovery

Subject to paragraph (2), any amount that the Federal Government is entitled to recover under paragraph (1) shall be paid to the United States not later than the expiration of the 3-year period beginning on the date the United States becomes so entitled.

(4) Availability

Amounts recovered under paragraph (1) with respect to a program under this section shall be available for the purposes of such program, and shall remain available for such purposes until expended.

(July 1, 1944, c. 373, Title VIII, § 846, as added Oct. 13, 1992, Pub.L. 102–408, Title II, § 211(a)(3), 106 Stat. 2078, and amended Nov. 13, 1998, Pub.L. 105–392, Title I, § 133(d), 112 Stat. 3576.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1992 Acts. House Report No. 102–275 and House Conference Report No. 102–925, see 1992 U.S. Code Cong. and Adm. News, p. 1382.

References in Text

Sections 254b and 254c of this title, referred to in subsec. (f)(1), (2), were in the original references to sections 329 and 330, meaning sections 329 and 330 of act July 1, 1944, which were omitted in the general amendment of subpart I (§254b et seq.) of part D of subchapter II of this chapter by Pub.L. 104–299, § 2, Oct. 11, 1996, 110 Stat. 3626. Sections 2 and 3(a) of Pub.L. 104–299 enacted new sections 330 and 330A of act July 1, 1944, which are classified to sections 254b and 254c of this title, respectively.

Amendments

1998 Amendments. Subsec. (h). Pub.L. 105–392, § 133(d), added subsec. (h).

Prior Provisions

A prior section 297n, Act July 1, 1944, c. 373, Title VIII, § 847, as added Nov. 4, 1988, Pub.L. 100–607, Title VII, § 716, 102 Stat. 3163, and amended Nov. 18, 1988, Pub.L. 100–690, Title II, § 2616(b), 102 Stat. 4240, related to the establishment of a program for student loans in return for service in certain health care facilities

in underserved areas, and was repealed by Pub.L. 102–408, Title II, § 210, Oct. 13, 1992, 106 Stat. 2078.

Reference to Community, Migrant, Public Housing or Homeless Health Center Considered Reference to Health Center

Reference to a community health center, migrant health center, public housing health center, or homeless health center is considered a reference to health center, see section (4)(c) of Pub.L. 104–299, set out as a note under section 254(b) of this title.

PART F—FUNDING

HISTORICAL AND STATUTORY NOTES

Amendments

1998 Amendments. Pub.L. 105–392, Title I, § 123(4), Nov. 13, 1998, 112 Stat. 3566, added the heading for Part F "FUNDING".

§ 297q. Funding

(a) Authorization of appropriations

For the purpose of carrying out parts B [42 U.S.C.A. § 296j et seq.], C [42 U.S.C.A. § 296m et seq.], and D [42 U.S.C.A. § 296p et seq.] (subject to section 297t(g)), there are authorized to be appropriated $65,000,000 for fiscal year 1998, and such sums as may be necessary for each of the fiscal years 1999 through 2002.

(b) Allocations for fiscal years 1998 through 2002

(1) Nurse practitioners; nurse midwives

(A) Fiscal year 1998

Of the amount appropriated under subsection (a) for fiscal year 1998, the Secretary shall reserve not less than $17,564,000 for making awards of grants and contracts under section 296m of this title as such section was in effect for fiscal year 1998.

(B) Fiscal years 1999 through 2002

Of the amount appropriated under subsection (a) for fiscal year 1999 or any of the fiscal years 2000 through 2002, the Secretary, subject to subsection (d), shall reserve for the fiscal year involved, for making awards of grants and contracts under part B [42 U.S.C.A. § 296j et seq.] with respect to nurse practitioners and nurse midwives, not less than the percentage constituted by the ratio of the amount appropriated under section 296m of this title as such section was in effect for fiscal year 1998 to the total of the amounts appropriated under this title for such fiscal year. For purposes of the preceding sentence, the Secretary, in determining the amount that has been reserved for the fiscal year involved, shall include any amounts appropriated under subsection (a) for the fiscal year that are obligated by the Secretary to continue in effect grants or contracts under section 296m of this title as such section was in effect for fiscal year 1998.

(2) Nurse anesthetists

(A) Fiscal year 1998

Of the amount appropriated under subsection (a) for fiscal year 1998, the Secretary shall reserve not less than $2,761,000 for making awards of grants and contracts under section 297–1 of this title as such section was in effect for fiscal year 1998.

(B) Fiscal years 1999 through 2002

Of the amount appropriated under subsection (a) for fiscal year 1999 or any of the fiscal years 2000 through 2002, the Secretary, subject to subsection (d), shall reserve for the fiscal year involved, for making awards of grants and contracts under part B [42 U.S.C.A. § 296j et seq.] with respect to nurse anesthetists, not less than the percentage constituted by the ratio of the

amount appropriated under section 297–1 of this title as such section was in effect for fiscal year 1998 to the total of the amounts appropriated under this subchapter [42 U.S.C.A. § 296 et seq.] for such fiscal year. For purposes of the preceding sentence, the Secretary, in determining the amount that has been reserved for the fiscal year involved, shall include any amounts appropriated under subsection (a) for the fiscal year that are obligated by the Secretary to continue in effect grants or contracts under section 297–1 of this title as such section was in effect for fiscal year 1998.

(c) Allocations after fiscal year 2002

(1) In general

For fiscal year 2003 and subsequent fiscal years, amounts appropriated under subsection (a) for the fiscal year involved shall be allocated by the Secretary among parts B [42 U.S.C.A. § 296j et seq.], C [42 U.S.C.A. § 296m et seq.], and D [42 U.S.C.A. § 296p et seq.] (and programs within such parts) according to a methodology that is developed in accordance with paragraph (2). The Secretary shall enter into a contract with a public or private entity for the purpose of developing the methodology. The contract shall require that the development of the methodology be completed not later than February 1, 2002.

(2) Use of certain factors

The contract under paragraph (1) shall provide that the methodology under such paragraph will be developed in accordance with the following:

(A) The methodology will take into account the need for and the distribution of health services among medically underserved populations, as determined according to the factors that apply under section 254b(b)(3) of this title.

(B) The methodology will take into account the need for and the distribution of health services in health professional shortage areas, as determined according to the factors that apply under section 254e(b) of this title.

(C) The methodology will take into account the need for and the distribution of mental health services among medically underserved populations and in health professional shortage areas.

(D) The methodology will be developed in consultation with individuals in the field of nursing, including registered nurses, nurse practitioners, nurse midwives, nurse anesthetists, clinical nurse specialists, nursing educators and educational institutions, nurse executives, pediatric nurse associates and practitioners, and women's health, obstetric, and neonatal nurses.

(E) The methodology will take into account the following factors with respect to the States:

(i) A provider population ratio equivalent to a managed care formula of 1/1,500 for primary care services.

(ii) The use of whole rather than fractional counts in determining the number of health care providers.

(iii) The counting of only employed health care providers in determining the number of health care providers.

(iv) The number of families whose income is less than 200 percent of the official poverty line (as established by the Director of the Office of Management and Budget and revised by the Secretary in accordance with section 9902(2) of this title.

(v) The rate of infant mortality and the rate of low-birthweight births.

(vi) The percentage of the general population constituted by individuals who are members of racial or ethnic minority groups, stated both by minority group and in the aggregate.

(vii) The percentage of the general population constituted by individuals who are of Hispanic ethnicity.

(viii) The number of individuals residing in health professional shortage areas, and the number of individuals who are members of medically underserved populations.

(ix) The percentage of the general population constituted by elderly individuals.

(x) The extent to which the populations served have a choice of providers.

(xi) The impact of care on hospitalizations and emergency room use.

(xii) The number of individuals who lack proficiency in speaking the English language.

(xiii) Such additional factors as the Secretary determines to be appropriate.

(3) Report to Congress

Not later than 30 days after the completion of the development of the methodology required in paragraph (1), the Secretary shall submit to the Committee on Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report describing the methodology and explaining the effects of the methodology on the allocation among parts B [42 U.S.C.A. § 296j et seq.], C [42 U.S.C.A. § 296m et seq.], and D [42 U.S.C.A. § 296p et seq.] (and programs within such parts) of amounts appropriated under subsection (a) for the first fiscal year for which the methodology will be in effect. Such explanation shall include a comparison of the allocation for such fiscal year with the allocation made under this section for the preceding fiscal year.

(d) Use of methodology before fiscal year 2003

With respect to the fiscal years 1999 through 2002, if the report required in subsection (c)(3) is submitted in accordance with such subsection not later than 90 days before the beginning of such a fiscal year, the Secretary may for such year implement the methodology described in the report (rather than implementing the methodology in fiscal year 2003), in which case subsection (b) ceases to be in effect. The authority under the preceding sentence is subject to the condition that the fiscal year for which the methodology is implemented be the same fiscal year identified in such report as the fiscal year for which the methodology will first be in effect.

(e) Authority for use of additional factors in methodology

(1) In general

The Secretary shall make the determinations specified in paragraph (2). For any fiscal year beginning after the first fiscal year for which the methodology under subsection (c)(1) is in effect, the Secretary may alter the methodology by including the information from such determinations as factors in the methodology.

(2) Relevant determinations

The determinations referred to in paragraph (1) are as follows:

(A) The need for and the distribution of health services among populations for which it is difficult to determine the number of individuals who are in the population, such as homeless individuals; migratory and seasonal agricultural workers and their families; individuals infected with the human immunodeficiency virus, and individuals who abuse drugs.

(B) In the case of a population for which the determinations under subparagraph (A) are made, the extent to which the population includes individuals who are members of racial or ethnic minority groups and a specification of the skills needed to provide health services to such individuals in the language and the educational and cultural context that is most appropriate to the individuals.

(C) Data, obtained from the Director of the Centers for Disease Control and Prevention, on rates of morbidity and mortality among various populations (including data on the rates of maternal and infant mortality and data on the rates of low-birthweight births of living infants).

(D) Data from the Health Plan Employer Data and Information Set, as appropriate.

(July 1, 1944, c. 373, Title VIII, § 841, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 123(5), 112 Stat. 3569.)

LIBRARY REFERENCES

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Encyclopedias

C.J.S. United States § 122.

WESTLAW ELECTRONIC RESEARCH

United States cases: 393k[add key number]

PART G—NATIONAL ADVISORY COUNCIL ON NURSE EDUCATION AND PRACTICE

HISTORICAL AND STATUTORY NOTES

Amendments

1998 Amendments. Pub.L. 105–392, Title I, § 123(4), Nov. 13, 1998, 112 Stat. 3566, added the heading for Part G "NATIONAL ADVISORY COUNCIL ON NURSE EDUCATION AND PRACTICE".

§ 297t. National Advisory Council on Nurse Education and Practice

(a) Establishment

The Secretary shall establish an advisory council to be known as the National Advisory Council on Nurse Education and Practice (in this section referred to as the "Advisory Council").

(b) Composition

(1) In general

The Advisory Council shall be composed of—

(A) not less than 21, nor more than 23 individuals, who are not officers or employees of the Federal Government, appointed by the Secretary without regard to the Federal civil service laws, of which—

(i) 2 shall be selected from full-time students enrolled in schools of nursing;

(ii) 2 shall be selected from the general public;

(iii) 2 shall be selected from practicing professional nurses; and

(iv) 9 shall be selected from among the leading authorities in the various fields of nursing, higher, secondary education, and associate degree schools of nursing, and from representatives of advanced education nursing groups (such as nurse practitioners, nurse midwives, and nurse anesthetists), hospitals, and other institutions and organizations which provide nursing services; and

(B) the Secretary (or the delegate of the Secretary (who shall be an ex officio member and shall serve as the Chairperson)).

(2) Appointment

Not later than 90 days after November 13, 1998, the Secretary shall appoint the members of the Advisory Council and each such member shall serve a 4 year term. In making such appointments, the Secretary shall ensure a fair balance between the nursing professions, a broad geographic representation of members and a balance between urban and rural members. Members shall be appointed based on their competence, interest, and knowledge of the mission of the profession involved. A majority of the members shall be nurses.

(3) Minority representation

In appointing the members of the Advisory Council under paragraph (1), the Secretary shall ensure the adequate representation of minorities.

(c) Vacancies

(1) In general

A vacancy on the Advisory Council shall be filled in the manner in which the original appointment was made and shall be subject to any conditions which applied with respect to the original appointment.

(2) Filling unexpired term

An individual chosen to fill a vacancy shall be appointed for the unexpired term of the member replaced.

(d) Duties

The Advisory Council shall—

(1) provide advice and recommendations to the Secretary and Congress concerning policy matters arising in the administration of this subchapter [42 U.S.C.A. § 296 et seq.], including the range of issues relating to the nurse workforce, education, and practice improvement;

(2) provide advice to the Secretary and Congress in the preparation of general regulations and with respect to policy matters arising in the administration of this subchapter [42 U.S.C.A. § 296 et seq.], including the range of issues relating to nurse supply, education and practice improvement; and

(3) not later than 3 years after November 13, 1998, and annually thereafter, prepare and submit to the Secretary, the Committee on Labor and Human Resources of the Senate, and the Committee on Commerce of the House of Representatives, a report describing the activities of the Council, including findings and recommendations made by the Council concerning the activities under this subchapter [42 U.S.C.A. § 296 et seq.].

(e) Meetings and documents

(1) Meetings

The Advisory Council shall meet not less than 2 times each year. Such meetings shall be held jointly with other related entities established under this subchapter [42 U.S.C.A. § 296 et seq.] where appropriate.

(2) Documents

Not later than 14 days prior to the convening of a meeting under paragraph (1), the Advisory Council shall prepare and make available an agenda of the matters to be considered by the Advisory Council at such meeting. At any such meeting, the Advisory Council shall distribute materials with respect to the issues to be addressed at the meeting. Not later than 30 days after the adjourning of such a meeting, the Advisory Council shall prepare and make available a summary of the meeting and any actions taken by the Council based upon the meeting.

(f) Compensation and expenses

(1) Compensation

Each member of the Advisory Council shall be compensated at a rate equal to the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of title 5, United States Code, for each day (including travel time) during which such member is engaged in the performance of the duties of the Council. All members of the Council who are officers or employees of the United States shall serve without compensation in addition to that received for their services as officers or employees of the United States.

(2) Expenses

The members of the Advisory Council shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5 [5 U.S.C.A. § 5701 et seq.], United States Code, while away from their homes or regular places of business in the performance of services for the Council.

(g) Funding

Amounts appropriated under this subchapter [42 U.S.C.A. § 296 et seq.] may be utilized by the Secretary to support the nurse education and practice activities of the Council.

(h) FACA

The Federal Advisory Committee Act shall apply to the Advisory Committee under this section only to the extent that the provisions of such Act do not conflict with the requirements of this section.

(July 1, 1944, c. 373, Title VIII, § 845, as added Nov. 13, 1998, Pub.L. 105–392, Title I, § 123(5), 112 Stat. 3572.)

HISTORICAL AND STATUTORY NOTES

References in Text

The Federal Advisory Committee Act referred to in subsec. (h) is Pub.L. 92–463, Oct. 6, 1972, 86 Stat. 770, and is generally classified to the Appendix to Title 5. For complete classification of this Act to the Code, see Tables.

LIBRARY REFERENCES

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WESTLAW ELECTRONIC RESEARCH

United States cases: 393k[add key number]

§§ 298 to 298b–1. Repealed. Pub.L. 105–392, Title I, § 123, Nov. 13, 1998, 112 Stat. 3562

HISTORICAL AND STATUTORY NOTES

Section 298, July 1, 1944, c. 373, Title VIII, § 851, formerly § 841, as added Sept. 4, 1964, Pub.L. 88–581, § 2, 78 Stat. 917, and amended Nov. 3, 1966, Pub.L. 89–751, § 3(b), 80 Stat. 1230; Oct. 30, 1970, Pub.L. 91–515, Title VI, § 601(b)(2), 84 Stat. 1311; Nov. 18, 1971, Pub.L. 92–158, §§ 9, 13, 85 Stat. 479, 480; renumbered § 851 and amended July 29, 1975, Pub.L. 94–63, Title IX, § 941(k)(1), (2), 89 Stat. 366; Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2759(a), 95 Stat. 932; Aug. 16, 1985, Pub.L. 99–92, § 9(d), 99 Stat. 402; Nov. 4, 1988, Pub.L. 100–607, Title VII, § 721(a), 102 Stat. 3165; Oct. 13, 1992, Pub.L. 102–408, Title II, § 212, 106 Stat. 2079, related to the Advisory Council on Nurse Education and Practice.

Section 298a, July 1, 1944, c. 373, Title VIII, § 852, formerly § 842, as added Sept. 4, 1964, Pub.L. 88–581, § 2, 78 Stat. 918, and renumbered § 852 and amended July 29, 1975, Pub.L. 94–63, Title IX, § 941(k)(1), 89 Stat. 366, related to noninterference with administration of institutions established for nurse education and practice.

Section 298b, July 1, 1944, c. 373, Title VIII, § 853, formerly § 843, as added Sept. 4, 1964, Pub.L. 88–581, § 2, 78 Stat. 918, and amended Oct. 22, 1965, Pub.L. 89–290, § 5(b), 79 Stat. 1058; Aug. 16, 1968, Pub.L. 90–490, Title II, §§ 203, 204, 213, 231, 82 Stat. 780, 783, 787; Nov. 18, 1971, Pub.L. 92–158, § 2(d)(1), (2), 85 Stat. 467, 468; renumbered § 853 and amended July 29, 1975, Pub.L. 94–63, Title IX, § 941(k)(1), (3), 89 Stat. 366, 367; July 10, 1979, Pub.L. 96–32, § 7(k), 93 Stat. 84; Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2759(b), 95 Stat. 932; Aug. 16, 1985, Pub.L. 99–92, § 9(e), (f), 99 Stat. 402; Oct. 13, 1992, Pub.L. 102–408, Title II, § 202(b), 106 Stat. 2071, related to definitions of terms applying to nurse education and practice.

Section 298b–1, July 1, 1944, c. 373, Title VIII, § 854, formerly § 844, as added Nov. 18, 1971, Pub.L. 92–158, § 10, 85 Stat. 479, and renumbered § 854, July 29, 1975, Pub.L. 94–63, Title IX, § 941(k)(1), 89 Stat. 366, related to advance funding for grants, contracts or other payments under this subchapter.

§ 298b–2. Transferred § 296g

§§ 298b–3 to 298b–5. Repealed. Pub.L. 105–392, Title I, § 123, Nov. 13, 1998, 112 Stat. 3562

HISTORICAL AND STATUTORY NOTES

Section 298b–3, July 1, 1944, c. 373, Title VIII, § 856, as added July 29, 1975, Pub.L. 94–63, Title IX, § 941(k)(4), 89 Stat. 367, and amended Aug. 13, 1981, Pub.L. 97–35, Title XXVII, § 2759(c), 95 Stat. 932; Nov. 4, 1988, Pub.L. 100–607, Title VII, § 721(b)(2), 102 Stat. 3165, related to the delegation of authority to administer programs and exceptions.

Section 298b–4, July 1, 1944, c. 373, Title VIII, § 857, as added Jan. 4, 1983, Pub.L. 97–414, § 8(m), 96 Stat. 2061, related to funds to provide technical assistance.

Section 298b–5, July 1, 1944, c. 373, Title VIII, § 858, formerly § 804, as added Sept. 4, 1964, Pub.L. 88–581, § 2, 78 Stat. 911, and amended Nov. 18, 1971, Pub.L. 92–158, §§ 2(d)(3), 13, 85 Stat. 468, 480; July 29, 1975, Pub.L. 94–63, Title IX, § 941(c), 89 Stat. 364, renumbered § 858 and amended Aug. 16, 1985, Pub.L. 99–92, § 9(c)(1), 99 Stat. 400; Oct. 22, 1985, Pub.L. 99–129, Title II, § 207(e)(1)–(3), 99 Stat. 529, related to recovery for construction assistance.

§ 298b–6. Repealed. Pub.L. 104–66, Title I, § 1061(c), Dec. 21, 1995, 109 Stat. 719

HISTORICAL AND STATUTORY NOTES

Section, July 1, 1944, c. 373, Title VIII, § 859, as added Nov. 4, 1988, Pub.L. 100–607, Title VII, § 722, 102 Stat. 3165, and amended Oct. 13, 1992, Pub.L. 102–408, Title II, § 213, 106 Stat. 2080, required Secretary to provide for evaluations of projects carried out pursuant to this subchapter and submit reports to Congress summarizing evaluations, and made one percent of amount appropriated each fiscal year available to carry out section.

§ 298b–7. Repealed. Pub.L. 105–392, Title I, § 123(1), Nov. 13, 1998, 112 Stat. 3562

HISTORICAL AND STATUTORY NOTES

Section 298b–7, July 1, 1944, c. 373, Title VIII, § 860, as added Oct. 13, 1992, Pub.L. 102–408, Title II, § 209, 106 Stat. 2075, and amended Oct. 27, 1992, Pub.L. 102–531, Title III, § 313(a)(10), 106 Stat. 3507; June 10, 1993, Pub.L. 103–43, Title XX, § 2014(g), 107 Stat. 217, related to certain generally applicable provisions.

SUBCHAPTER VII—AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

HISTORICAL AND STATUTORY NOTES

Prior Provisions

Another prior subchapter VII, relating to the Agency for Health Care Policy and Research, consisting of sections 299 to 299c–6, was substantially revised and renamed as Agency for Healthcare Research and Quality by Pub.L. 106–129, Dec. 6, 1999, 113 Stat. 1653.

PART A—ESTABLISHMENT AND GENERAL DUTIES

HISTORICAL AND STATUTORY NOTES

Prior Provisions

A prior part A, relating to the establishment and general duties of the Agency for Health Care Policy and Research, consisting of sections 299 to 299a–3, was substantially revised by Pub.L. 106–129, Dec. 6, 1999, 113 Stat. 1653.

§ 299. Mission and duties

(a) In general

There is established within the Public Health Service an agency to be known as the Agency for Healthcare Research and Quality, which shall be headed by a director appointed by the Secretary. The Secretary shall carry out this subchapter acting through the Director.

(b) Mission

The purpose of the Agency is to enhance the quality, appropriateness, and effectiveness of health services, and access to such services, through the establishment of a broad base of scientific research and through the promotion of improvements in clinical and health system practices, including the prevention of diseases and other health conditions. The Agency shall promote health care quality improvement by conducting and supporting—

(1) research that develops and presents scientific evidence regarding all aspects of health care, including—

(A) the development and assessment of methods for enhancing patient participation in their own care and for facilitating shared patient-physician decision-making;

(B) the outcomes, effectiveness, and cost-effectiveness of health care practices, including preventive measures and long-term care;

(C) existing and innovative technologies;

(D) the costs and utilization of, and access to health care;

(E) the ways in which health care services are organized, delivered, and financed and the interaction and impact of these factors on the quality of patient care;

(F) methods for measuring quality and strategies for improving quality; and

(G) ways in which patients, consumers, purchasers, and practitioners acquire new information about best practices and health benefits, the determinants and impact of their use of this information;

(2) the synthesis and dissemination of available scientific evidence for use by patients, consumers, practitioners, providers, purchasers, policy makers, and educators; and

(3) initiatives to advance private and public efforts to improve health care quality.

(c) Requirements with respect to rural and inner-city areas and priority populations

(1) Research, evaluations and demonstration projects

In carrying out this subchapter, the Director shall conduct and support research and evaluations, and support demonstration projects, with respect to—

(A) the delivery of health care in inner-city areas, and in rural areas (including frontier areas); and

(B) health care for priority populations, which shall include—

(i) low-income groups;

(ii) minority groups;

(iii) women;

(iv) children;

(v) the elderly; and

(vi) individuals with special health care needs, including individuals with disabilities and individuals who need chronic care or end-of-life health care.

(2) Process to ensure appropriate research

The Director shall establish a process to ensure that the requirements of paragraph (1) are reflected in the overall portfolio of research conducted and supported by the Agency.

(3) Office of priority populations

The Director shall establish an Office of Priority Populations to assist in carrying out the requirements of paragraph (1).

(July 1, 1944, c. 373, Title IX, § 901, as added Dec. 6, 1999, Pub.L. 106–129, § 2(a), 113 Stat. 1653.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1999 Acts. Statement by President, see 1999 U.S. Code Cong. and Adm. News, p. 322.

References in Text

This subchapter, referred to in subsecs. (a) and (c), was in the original "this title", meaning Title IX of the Public Health Service Act, Act July 1, 1944, c. 373, 58 Stat. 682. Title IX of such Act is classified to this subchapter (42 U.S.C.A. § 299 et seq.). See Tables for complete classification.

Prior Provisions

Another prior section 299, Act July 1, 1944, c. 373, Title IX, § 901, as added Dec. 19, 1989, Pub.L. 101–239, Title VI, § 6103(a), 103 Stat. 2189, and amended Oct. 13, 1992, Pub.L. 102–410, § 2(a), 106 Stat. 2094, which related to the establishment of the Agency for Health Care Policy and Research, was substantially revised by Pub.L. 106–129, Dec. 6, 1999, 113 Stat. 1653.

Rules of Construction

Pub.L. 106–129, § 2(b), Dec. 6, 1999, 113 Stat. 1670, provided that:

"(1) **In general.**—Section 901(a) of the Public Health Service Act (as added by subsection (a) of this section) [42 U.S.C.A. § 299(a)] applies as a redesignation of the agency that carried out title IX of such Act [42 U.S.C.A. § 299 et seq.] on the day before the date of the enactment of this Act [Dec. 6, 1999], and not as the termination of such agency and the establishment of a different agency. The amendment made by subsection (a) of this section [amending this subchapter (42 U.S.C.A. § 299 et seq.)] does not affect appointments of the personnel of such agency who were employed at the agency on the day before such date, including the appointments of members of advisory councils or study sections of the agency who were serving on the day before such date of enactment.

"(2) **References.**—Any reference in law to the Agency for Health Care Policy and Research is deemed to be a reference to the Agency for Healthcare Research and Quality, and any reference in law to the Administrator for Health Care Policy and Research is deemed to be a reference to the Director of the Agency for Healthcare Research and Quality."

Transitional and Savings Provisions for Pub.L. 101–239

Pub.L. 101–239, Title VI, § 6103(f), Dec. 19, 1989, 103 Stat. 2208, as amended by Pub.L. 106–129, § 2(b)(2), Dec. 6, 1999, 113 Stat. 1653, provided for the transfer of personnel of the Department of Health and Human Services employed on Dec. 19, 1989, in connection with the functions vested in the Administrator for Health Care Policy and Research pursuant to the amendments made by section 6103 of Pub.L. 101–239, which principally enacted former subchapter VII, Agency for Health Care Policy and Research, and the transfer of assets, property, contracts, liabilities, records, unexpended balances of appropriations, authorizations, allocations, and other funds, of such Department arising from or employed, held, used, or available on such date, or to be made available after such date, in connection with such functions, to the Administrator for appropriate allocation, and also provided for the continued effectiveness of actions, orders, rules, regulations, grants, contracts, certificates, licenses, privileges, and other determinations, actions, or official documents, of the Department of Health and Human Services that were issued, made, granted, or allowed to become effective in the performance of such functions, and that were effective on Dec. 19, 1989.

EXECUTIVE ORDERS

EXECUTIVE ORDER NO. 13017

Ex. Ord. No. 13017, Sept. 5, 1996, 61 F.R. 47659, as amended by Ex. Ord. No. 13040, Mar. 25, 1997, 62 F.R. 14773; Ex. Ord. No. 13056, July 21, 1997, 62 F.R. 39415, relating to the Advisory Commission on Consumer Protection and Quality in the Health Care Industry, was revoked by Ex. Ord. No. 13138, Sept. 30, 1999, 64 F.R. 53879, set out as a note under section 14 of Appendix 2 to Title 5.

§ 299a. General authorities

(a) In general

In carrying out section 299(b) of this title, the Director shall conduct and support research, evaluations, and training, support demonstration projects, research networks, and multidisciplinary centers, provide technical assistance, and disseminate information on health care and on systems for the delivery of such care, including activities with respect to—

(1) the quality, effectiveness, efficiency, appropriateness and value of health care services;

(2) quality measurement and improvement;

(3) the outcomes, cost, cost-effectiveness, and use of health care services and access to such services;

(4) clinical practice, including primary care and practice-oriented research;

(5) health care technologies, facilities, and equipment;

(6) health care costs, productivity, organization, and market forces;

(7) health promotion and disease prevention, including clinical preventive services;

(8) health statistics, surveys, database development, and epidemiology; and

(9) medical liability.

(b) Health services training grants

(1) In general

The Director may provide training grants in the field of health services research related to activities authorized under subsection (a), to include pre- and post-doctoral fellowships and training programs, young investigator awards, and other programs and activities as appropriate. In carrying out this subsection, the Director shall make use of funds made available under section 687(d)(3) of this title as well as other appropriated funds.

(2) Requirements

In developing priorities for the allocation of training funds under this subsection, the Director shall take into consideration shortages in the number of trained researchers who are addressing health care issues for the priority populations identified in section 299(c)(1)(B) of this title and in addition, shall take into consideration indications of long-term commitment, amongst applicants for training funds, to addressing health care needs of the priority populations.

(c) Multidisciplinary centers

The Director may provide financial assistance to assist in meeting the costs of planning and establishing new centers, and operating existing and new centers, for multidisciplinary health services research, demonstration projects, evaluations, training, and policy analysis with respect to the matters referred to in subsection (a).

(d) Relation to certain authorities regarding social security

Activities authorized in this section shall be appropriately coordinated with experiments, demonstration projects, and other related activities authorized by the Social Security Act and the Social Security Amendments of 1967. Activities under subsection (a)(2) of this section that affect the programs under titles XVIII, XIX and XXI of the Social Security Act [42 U.S.C.A. §§ 1395 et seq., 1396 et seq. and 1397aa et seq.] shall be carried out consistent with section 1320b–12 of this title.

(e) Disclaimer

The Agency shall not mandate national standards of clinical practice or quality health care standards. Recommendations resulting from projects funded and published by the Agency shall include a corresponding disclaimer.

(f) Rule of construction

Nothing in this section shall be construed to imply that the Agency's role is to mandate a national standard or specific approach to quality measurement and reporting. In research and quality improvement activities, the Agency shall consider a wide range of choices, providers, health care delivery systems, and individual preferences.

(g) Repealed. Pub.L. 106–525, Title II, § 201(a)(1), Nov.22, 2000, 114 Stat. 2505.

(July 1, 1944, c. 373, Title IX, § 902, as added Dec. 6, 1999, Pub.L. 106–129, § 2(a), 113 Stat. 1654, and amended Nov.22, 2000, Pub.L. 106–525, Title II, § 201(a)(1), 114 Stat. 2505.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1999 Acts. Statement by President, see 1999 U.S. Code Cong. and Adm. News, p. 322.

References in Text

The Social Security Act, referred to in subsec. (d), is Act Aug. 14, 1935, c. 531, 49 Stat. 620, as amended. Title XVIII of such Act is classified to subchapter XVIII (section 1395 et seq.) of chapter 7 of this title, Title XIX of such Act is classified to subchapter XIX (section 1396 et seq.) of chapter 7 of this title, and Title XXI of such Act is classified to subchapter XXI (section 1397aa et seq.) of chapter 7 of this title. For complete classification of this Act to the Code, see section 1305 of this title and Tables.

The Social Security Amendments of 1967, referred to in subsec. (d), is Pub.L. 90–248, Jan. 2, 1968, 81 Stat. 821. For complete classification of this Act to the Code, see section 1 of Pub.L. 90–248, set out as a Short Title of 1968 Amendment note under section 1305 of this title and Tables.

Amendments

2000 Amendments. Subsec. (g). Pub.L. 106–525, § 201(a)(1), repealed subsec. (g), which formerly read:

"(g) Annual report

"Beginning with fiscal year 2003, the Director shall annually submit to the Congress a report regarding prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations."

Effective and Applicability Provisions

2000 Acts. Amendments by Pub.L. 106–525, Title II, § 201(a)(1), effective October 1, 2000 or November 22, 2000, whichever occurs later, see Pub.L. 106–525, § 603, set out as a note under 42 U.S.C.A. § 281.

Prior Provisions

Another prior section 299a, Act July 1, 1944, c. 373, Title IX, § 902, as added Dec. 19, 1989, Pub.L. 101–239, Title VI, § 6103(a), 103 Stat. 2189, and amended Nov. 28, 1990, Pub.L. 101–639, § 3(d), 104 Stat. 4603; Oct. 13, 1992, Pub.L. 102–410, § 2(b), 106 Stat. 2094, which related to general authorities and duties of the Agency for Health Care Policy and Research, was substantially revised by Pub.L. 106–129, Dec. 6, 1999, 113 Stat. 1654.

Reducing Administrative Health Care Costs

Pub.L. 103–43, Title XIX, § 1909, June 10, 1993, 107 Stat. 205, as amended Pub.L. 106–129, § 2(b)(2), Dec. 6, 1999, 113 Stat. 1670, provided that: "The Secretary of Health and Human Services, acting through the Agency for Healthcare Research and Quality and, to the extent possible, in consultation with the Health Care Financing Administration, may fund research to develop a text-based standardized billing process, through the utilization of text-based information retrieval and natural language processing techniques applied to automatic coding and analysis of textual patient discharge summaries and other text-based electronic medical records, within a parallel general purpose (shared memory) high performance computing environment.

The Secretary shall determine whether such a standardized approach to medical billing, through the utilization of the text-based hospital discharge summary as well as electronic patient records can reduce the administrative billing costs of health care delivery."

§ 299a–1. Research on health disparities

(a) In general

The Director shall—

(1) conduct and support research to identify populations for which there is a significant disparity in the quality, outcomes, cost, or use of health care services or access to and satisfaction with such services, as compared to the general population;

(2) conduct and support research on the causes of and barriers to reducing the health disparities identified in paragraph (1), taking into account such factors as socioeconomic status, attitudes toward health, the language spoken, the extent of formal education, the area or community in which the population resides, and other factors the Director determines to be appropriate;

(3) conduct and support research and support demonstration projects to identify, test, and evaluate strategies for reducing or eliminating health disparities, including development or identification of effective service delivery models, and disseminate effective strategies and models;

(4) develop measures and tools for the assessment and improvement of the outcomes, quality, and appropriateness of health care services provided to health disparity populations;

(5) in carrying out section 299a(c) of this title, provide support to increase the number of researchers who are members of health disparity populations, and the health services research capacity of institutions that train such researchers; and

(6) beginning with fiscal year 2003, annually submit to the Congress a report regarding prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations.

(b) Research and demonstration projects

(1) In general

In carrying out subsection (a), the Director shall conduct and support research and support demonstrations to—

(A) identify the clinical, cultural, socioeconomic, geographic, and organizational factors that contribute to health disparities, including minority health disparity populations, which research shall include behavioral research, such as examination of patterns of clinical decisionmaking, and research on access, outreach, and the availability of related support services (such as cultural and linguistic services);

(B) identify and evaluate clinical and organizational strategies to improve the quality, outcomes, and access to care for health disparity populations, including minority health disparity populations;

(C) test such strategies and widely disseminate those strategies for which there is scientific evidence of effectiveness; and

(D) determine the most effective approaches for disseminating research findings to health disparity populations, including minority populations.

(2) Use of certain strategies

In carrying out this section, the Director shall implement research strategies and mechanisms that will enhance the involvement of individuals who are members of minority health disparity populations or other health disparity populations, health services researchers who are such individuals, institutions that train such individuals as researchers, members of minority health disparity populations or other health disparity populations for whom the Agency is attempting to improve the quality and outcomes of care, and representatives of appropriate tribal or other community-based organizations with respect to health disparity populations. Such research strategies and mechanisms may include the use of—

(A) centers of excellence that can demonstrate, either individually or through consortia, a combination of multi-disciplinary expertise in outcomes or quality improvement research, linkages to relevant sites of care, and a demon-

strated capacity to involve members and communities of health disparity populations, including minority health disparity populations, in the planning, conduct, dissemination, and translation of research;

(B) provider-based research networks, including health plans, facilities, or delivery system sites of care (especially primary care), that make extensive use of health care providers who are members of health disparity populations or who serve patients in such populations and have the capacity to evaluate and promote quality improvement;

(C) service delivery models (such as health centers under section 254b of this title and the Indian Health Service) to reduce health disparities; and

(D) innovative mechanisms or strategies that will facilitate the translation of past research investments into clinical practices that can reasonably be expected to benefit these populations.

(c) Quality measurement development

(1) In general

To ensure that health disparity populations, including minority health disparity populations, benefit from the progress made in the ability of individuals to measure the quality of health care delivery, the Director shall support the development of quality of health care measures that assess the experience of such populations with health care systems, such as measures that assess the access of such populations to health care, the cultural competence of the care provided, the quality of the care provided, the outcomes of care, or other aspects of health care practice that the Director determines to be important.

(2) Examination of certain practices

The Director shall examine the practices of providers that have a record of reducing health disparities or have experience in providing culturally competent health services to minority health disparity populations or other health disparity populations. In examining such practices of providers funded under the authorities of this chapter, the Director shall consult with the heads of the relevant agencies of the Public Health Service.

(3) Report

Not later than 36 months after November 22, 2000, the Secretary, acting through the Director, shall prepare and submit to the appropriate committees of Congress a report describing the state-of-the-art of quality measurement for minority and other health disparity populations that will identify critical unmet needs, the current activities of the Department to address those needs, and a description of related activities in the private sector.

(d) Definition

For purposes of this section:

(1) The term "health disparity population" has the meaning given such term in section 287c–31 of this title, except that in addition to the meaning so given, the Director may determine that such term includes populations for which there is a significant disparity in the quality, outcomes, cost, or use of health care services or access to or satisfaction with such services as compared to the general population.

(2) The term "minority", with respect to populations, refers to racial and ethnic minority groups as defined in section 300u–6 of this title.

(July, 1, 1944, c. 373, Title IX, § 903, as added Nov. 22, 2000, Pub.L. 106–525, Title II, § 201(a)(2), 114 Stat. 2505.)

HISTORICAL AND STATUTORY NOTES

References in Text

This chapter, referred to in subsec. (c)(5), originally read "this Act", meaning the Public Health Service Act, which enacted this chapter.

Effective and Applicability Provisions

2000 Acts. Amendments by Pub.L. 106–525, Title II, § 201(a)(1), effective October 1, 2000 or November 22, 2000, whichever occurs later, see Pub.L. 106–525, § 603, set out as a note under 42 U.S.C.A. § 281.

Prior Provisions

A prior section 299a–1, July 1, 1944, c. 373, Title IX, § 903, as added Dec. 19, 1989, Pub.L. 101–239, Title VI, § 6103(a), 103 Stat. 2190, and

amended Oct. 13, 1992, Pub.L. 102–410, § 3, 106 Stat. 2094; June 10, 1993, Pub.L. 103–43, Title XIV, § 1422(a), 107 Stat. 172, which related to dissemination of research, demonstration projects, and evaluations, was omitted in the general revision of this subchapter by Pub.L. 106–129, Dec. 6, 1999, 113 Stat. 1653.

A prior section 903 of Act July 1, 1944, c. 373, Title IX, as added Oct. 6, 1965, Pub.L. 89–239, § 2, 79 Stat. 927, and amended Oct. 15, 1968, Pub.L. 90–574, Title I, § 104, 82 Stat. 1005; Oct. 30, 1970, Pub.L. 91–515, Title I, §§ 105, 111(b), 84 Stat. 1299, 1301, which authorized Secretary to make planning grants and set forth requirements for grant applications was classified to former section 299c of this title prior to the repeal thereof by Pub.L. 99–117, § 12(d), Oct. 7, 1985, 99 Stat. 495.

§§ 299a-2, 299a-3. Omitted

HISTORICAL AND STATUTORY NOTES

Codifications

Section 299a-2, July 1, 1944, c. 373, Title IX, § 904, as added Dec. 19, 1989, Pub.L. 101–239, Title VI, § 6103(a), 103 Stat. 2191, and amended Oct. 13, 1992, Pub.L. 102–410, § 4(a), 106 Stat. 2095; June 10, 1993, Pub.L. 103–43, Title XX, § 2013(1), 107 Stat. 214, which related to the promotion of health care technology assessments, was omitted in the general revision of this subchapter by Pub.L. 106–129, Dec. 6, 1999, 113 Stat. 1653.

Section 299a-3, July 1, 1944, c. 373, Title IX, § 905, as added Nov. 21, 1997, Pub.L. 105–115, Title IV, § 409, 111 Stat. 2371, which related to the establishment of a demonstration program regarding centers for education and research on therapeutics, was omitted in the general revision of this subchapter by Pub.L. 106–129, Dec. 6, 1999, 113 Stat. 1653.

Prior Provisions

A prior section 904 of Act July 1, 1944, c. 373, Title IX, as added Oct. 6, 1965, Pub.L. 89–239, § 2, 79 Stat. 928, and amended Oct. 15, 1968, Pub.L. 90–574, Title I, § 104, 82 Stat. 1005; Oct. 30, 1970, Pub.L. 91–515, Title I, §§ 106, 111(b), 84 Stat. 1299, 1301, which authorized Secretary to make grants for establishment and operation of regional medical programs and set forth requirements for grant applications, was classified to former section 299d of this title prior to the repeal thereof by Pub.L. 99–117, § 12(d), Oct. 7, 1985, 99 Stat. 495.

Report Regarding Innovative Assessments

Section 4(b) of Pub.L. 102–410 provided that: "Not later than January 1, 1994, the Administrator for Health Care Policy and Research shall submit to the Committee on Energy and Commerce of the House of Representatives, and the Committee on Labor and Human Resources of the Senate, a report concerning the program established in section 904(f) of the Public Health Service Act (as added by subsection (a) of this section) [subsec. (f) of this section], including the plan of such Administrator for implementing the program."

[Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.]

Contract for Temporary Assistance to Secretary of Health and Human Services with Respect to Health Care Technology Assessment

Section 6103(d)(2) of Pub.L. 101–239 provided that:

"(A) The Secretary of Health and Human Services shall request the Institute of Medicine of the National Academy of Sciences to enter into a contract—

"(i) to develop and recommend to the Secretary priorities for the assessment of specific health care technologies under section 904 of the Public Health Service Act (as added by subsection (a) of this section) [this section]; and

"(ii) to assist the Administrator for Health Care Policy and Research, and the Director of the National Library of Medicine, in establishing the information center required under subsection (c)(1) of such section 904 [subsec. (c) of this section].

"(B) In carrying out section 904(c)(1) of the Public Health Service Act (as added by subsection (a) of this section) [subsec. (c)(1) of this section], the Secretary of Health and Human Services shall, as appropriate, provide for the transfer to the Secretary of any information and materials developed by the council on health care technology under section 309(c)(1)(A) of the Public Health Service Act [former section 242n(c)(1)(A) of this title] (as such section was in effect on the day before the effective date of this section) [probably means the day before Dec. 19, 1989, the date of enactment of Pub.L. 101–239].

"(C) The Secretary of Health and Human Services shall ensure that the contract under subparagraph (A) specifies that the activities described in clauses (i) and (ii) of such subparagraph shall be completed not later than 1 year after the date on which the Secretary enters into the contract.

"(D) For the purpose of carrying out the contract under subparagraph (A), there is authorized to be appropriated $300,000 for fiscal year 1990."

PART B—HEALTH CARE IMPROVEMENT RESEARCH

HISTORICAL AND STATUTORY NOTES

Prior Provisions

A prior part B, relating to the establishment of a program known as the Forum for Quality and Effectiveness in Health Care, consisting of sections 299b to 299b–3, was substantially revised by Pub.L. 106–129, Dec. 6, 1999, 113 Stat. 1656.

§ 299b. Health care outcome improvement research

(a) Evidence rating systems

In collaboration with experts from the public and private sector, the Agency shall identify and disseminate methods or systems to assess health care research results, particularly methods or systems to rate the strength of the scientific evidence underlying health care practice, recommendations in the research literature, and technology assessments. The Agency shall make methods or systems for evidence rating widely available. Agency publications containing health care recommendations shall indicate the level of substantiating evidence using such methods or systems.

(b) Health care improvement research centers and provider-based research networks

(1) In general

In order to address the full continuum of care and outcomes research, to link research to practice improvement, and to speed the dissemination of research findings to community practice settings, the Agency shall employ research strategies and mechanisms that will link research directly with clinical practice in geographically diverse locations throughout the United States, including—

(A) health care improvement research centers that combine demonstrated multidisciplinary expertise in outcomes or quality improvement research with linkages to relevant sites of care;

(B) provider–based research networks, including plan, facility, or delivery system sites of care (especially primary care), that can evaluate outcomes and evaluate and promote quality improvement; and

(C) other innovative mechanisms or strategies to link research with clinical practice.

(2) Requirements

The Director is authorized to establish the requirements for entities applying for grants under this subsection.

(July 1, 1944, c. 373, Title IX, § 911, as added Dec. 6, 1999, Pub.L. 106–129, § 2(a), 113 Stat. 1656.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1999 Acts. Statement by President, see 1999 U.S. Code Cong. and Adm. News, p. 322.

Prior Provisions

Another prior section 299b, Act July 1, 1944, c. 373, Title IX, § 911, as added Dec. 19, 1989, Pub.L. 101–239, Title VI, § 6103(a), 103 Stat. 2192, and amended Oct. 13, 1992, Pub.L. 102–410, § 5(b), 106 Stat. 2097, which related to establishment of the Office of the Forum for Quality and Effectiveness in Health Care, was substantially revised by Pub.L. 106–129, Dec. 6, 1999, 113 Stat. 1656.

§ 299b–1. Private–public partnerships to improve organization and delivery

(a) Support for efforts to develop information on quality

(1) Scientific and technical support

In its role as the principal agency for health care research and quality, the Agency may provide scientific and technical support for private and public efforts to improve health care quality, including the activities of accrediting organizations.

(2) Role of the agency

With respect to paragraph (1), the role of the Agency shall include—

(A) the identification and assessment of methods for the evaluation of the health of—

(i) enrollees in health plans by type of plan, provider, and provider arrangements; and

(ii) other populations, including those receiving long-term care services;

(B) the ongoing development, testing, and dissemination of quality measures, including measures of health and functional outcomes;

(C) the compilation and dissemination of health care quality measures developed in the private and public sector;

(D) assistance in the development of improved health care information systems;

(E) the development of survey tools for the purpose of measuring participant and beneficiary assessments of their health care; and

(F) identifying and disseminating information on mechanisms for the integration of information on quality into purchaser and consumer decision-making processes.

(b) Centers for education and research on therapeutics

(1) In general

The Secretary, acting through the Director and in consultation with the Commissioner of Food and Drugs, shall establish a program for the purpose of making one or more grants for the establishment and operation of one or more centers to carry out the activities specified in paragraph (2).

(2) Required activities

The activities referred to in this paragraph are the following:

(A) The conduct of state-of-the-art research for the following purposes:

(i) To increase awareness of—

(I) new uses of drugs, biological products, and devices;

(II) ways to improve the effective use of drugs, biological products, and devices; and

(III) risks of new uses and risks of combinations of drugs and biological products.

(ii) To provide objective clinical information to the following individuals and entities:

(I) Health care practitioners and other providers of health care goods or services.

(II) Pharmacists, pharmacy benefit managers and purchasers.

(III) Health maintenance organizations and other managed health care organizations.

(IV) Health care insurers and governmental agencies.

(V) Patients and consumers.

(iii) To improve the quality of health care while reducing the cost of health care through—

(I) an increase in the appropriate use of drugs, biological products, or devices; and

(II) the prevention of adverse effects of drugs, biological products, and devices and the consequences of such effects, such as unnecessary hospitalizations.

(B) The conduct of research on the comparative effectiveness, cost-effectiveness, and safety of drugs, biological products, and devices.

(C) Such other activities as the Secretary determines to be appropriate, except that a grant may not be expended to assist the Secretary in the review of new drugs, biological products, and devices.

(c) Reducing errors in medicine

The Director shall conduct and support research and build private-public partnerships to—

(1) identify the causes of preventable health care errors and patient injury in health care delivery;

(2) develop, demonstrate, and evaluate strategies for reducing errors and improving patient safety; and

(3) disseminate such effective strategies throughout the health care industry.

(July 1, 1944, c. 373, Title IX, § 912, as added Dec. 6, 1999, Pub.L. 106–129, § 2(a), 113 Stat. 1656.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1999 Acts. Statement by President, see 1999 U.S. Code Cong. and Adm. News, p. 322.

Prior Provisions

A prior section 299b–1, Act July 1, 1944, c. 373, Title IX, § 912, as added Dec. 19, 1989, Pub.L. 101–239, Title VI, § 6103(a), 103 Stat. 2192, and amended Oct. 13, 1992, Pub.L. 102–410, § 5(a)(1), (c)(1), § 6(b), 106 Stat. 2096, 2097, 2100, which related to the establishment and duties of the Forum for Quality and Effectiveness in Health Care program, was substantially revised by Pub.L. 106–129, Dec. 6, 1999, 113 Stat. 1656.

Report Requirement

Section 5(a)(2) of Pub.L. 102–410 provided that:

"(A) To assist in carrying out the requirements of section 912(b)(4) of the Public Health Service Act, as added by paragraph (1) of this subsection [subsec. (b)(4) of this section], the Administrator for Health Care Policy and Research shall conduct or support a study to develop methods for collecting and analyzing primary and secondary data to be used in generating cost estimates of alternative strategies for the prevention, diagnosis, treatment, and management of a given disease, disorder, or the health condition to be included in guideline documents.

"(B) Not later than June 1, 1994, the Administrator for Health Care Policy and Research shall submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report concerning the study conducted under subparagraph (A)."

[Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.]

§ 299b–2. Information on quality and cost of care

(a) In general

The Director shall—

(1) conduct a survey to collect data on a nationally representative sample of the population on the cost, use and, for fiscal year 2001 and subsequent fiscal years, quality of health care, including the types of health care services Americans use, their access to health care services, frequency of use, how much is paid for the services used, the source of those payments, the types and costs of private health insurance, access, satisfaction, and quality of c are for the general population including rural residents and also for populations identified in section 299(c) of this title; and

(2) develop databases and tools that provide information to States on the quality, access, and use of health care services provided to their residents.

(b) Quality and outcomes information

(1) In general

Beginning in fiscal year 2001, the Director shall ensure that the survey conducted under subsection (a)(1) will—

(A) identify determinants of health outcomes and functional status, including the health care needs of populations identified in section 299(c) of this title, provide data to study the relationships between health care quality, outcomes, access, use, and cost, measure changes over time, and monitor the overall national impact of Federal and State policy changes on health care;

(B) provide information on the quality of care and patient outcomes for frequently occurring clinical conditions for a nationally representative sample of the population including rural residents; and

(C) provide reliable national estimates for children and persons with special health care needs through the use of supplements or periodic expansions of the survey.

In expanding the Medical Expenditure Panel Survey, as in existence on the date of the enactment of this title in fiscal year 2001 to collect information on the quality of care, the Director shall take into account any outcomes measurements generally collected by private sector accreditation organizations.

(2) Annual report

Beginning in fiscal year 2003, the Secretary, acting through the Director, shall submit to Congress an annual report on national trends in the quality of health care provided to the American people.

(July 1, 1944, c. 373, Title IX, § 913, as added Dec. 6, 1999, Pub.L. 106–129, § 2(a), 113 Stat. 1658.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1999 Acts. Statement by President, see 1999 U.S. Code Cong. and Adm. News, p. 322.

Effective and Applicability Provisions

1992 Amendments. Section 5(f)(1)(B) of Pub.L. 102–410 provided that: "The amendments made by subparagraph (A) [amending subsec. (c) of this section] shall apply only with respect to panels convened under section 913 of the Public Health Service Act [this section] on or after the date of enactment of this Act [Oct. 13, 1992]."

Prior Provisions

A prior section 299b–2, Act July 1, 1944, c. 373, Title IX, § 913, as added Dec. 19, 1989, Pub.L. 101–239, Title VI, § 6103(a), 103 Stat. 2193, and amended Oct. 13, 1992, Pub.L. 102–410, § 5(c)(2), (f)(1)(A), 106 Stat. 2097, 2099, which related to the Forum for Quality and Effectiveness in Health Care program's processes for development of guidelines and standards, performance measures, and review criteria which health care providers may assess or review health care and the quality of such care, was substantially revised by Pub.L. 106–129, Dec. 6, 1999, 113 Stat. 1658.

Study of Process

Section 5(f)(2) of Pub.L. 102–410 provided that:

"(A) The Administrator for Health Care Policy and Research shall conduct or support a study to evaluate the process described in section 913 of the Public Health Service Act [section 299b–2 of this title] for the development of guidelines, standards, and review criteria. The evaluation shall address—

"(i) the optimal methods for setting priorities for guideline topics;

"(ii) the different methods for generating guidelines, comparing the cost of producing the guidelines and the validity and utility of the guidelines produced; and

"(iii) the methods for assessing the quality of practice guidelines, including an evaluation of the validity, reliability, and impact of the guidelines.

"(B) Not later than June 1, 1995, the Administrator for Health Care Policy and Research shall submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report concerning the study conducted under subparagraph (A)."

[Any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Commerce of the House of Representatives, except that any reference in any provision of law enacted before Jan. 4, 1995, to the Committee on Energy and Commerce of the House of Representatives treated as referring to the Committee on Agriculture of the House of Representatives, in the case of a provision of law relating to inspection of seafood or seafood products, the Committee on Banking and Financial Services of the House of Representatives, in the case of a provision of law relating to bank capital markets activities generally or to depository institution securities activities generally, and the Committee on Transportation and Infrastructure of the House of Representatives, in the case of a provision of law relating to railroads, railway labor, or railroad retirement and unemployment (except revenue measures related thereto), see section 1(a)(4) and (c)(1) of Pub.L. 104–14, set out as a note preceding section 21 of Title 2, The Congress.]

§ 299b–3. Information systems for health care improvement

(a) In general

In order to foster a range of innovative approaches to the management and communication of health information, the Agency shall conduct and support research, evaluations, and initiatives to advance—

(1) the use of information systems for the study of health care quality and outcomes, including the generation of both individual provider and plan-level comparative performance data;

(2) training for health care practitioners and researchers in the use of information systems;

(3) the creation of effective linkages between various sources of health information, including the development of information networks;

(4) the delivery and coordination of evidence-based health care services, including the use of real-time health care decision-support programs;

(5) the utility and comparability of health information data and medical vocabularies by addressing issues related to the content, structure, definitions and coding of such information and data in consultation with appropriate Federal, State and private entities;

(6) the use of computer-based health records in all settings for the development of personal health records for individual health assessment and maintenance, and for monitoring public health and outcomes of care within populations; and

(7) the protection of individually identifiable information in health services research and health care quality improvement.

(b) Demonstration

The Agency shall support demonstrations into the use of new information tools aimed at improving shared decision-making between patients and their care-givers.

(c) Facilitating public access to information

The Director shall work with appropriate public and private sector entities to facilitate public access to information regarding the quality of and consumer satisfaction with health care.

(July 1, 1944, c. 373, Title IX, § 914, as added Dec. 6, 1999, Pub.L. 106–129, § 2(a), 113 Stat. 1658.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1999 Acts. Statement by President, see 1999 U.S. Code Cong. and Adm. News, p. 322.

Prior Provisions

A prior section 299b–3, Act July 1, 1944, c. 373, Title IX, § 914, as added Dec. 19, 1989, Pub.L. 101–239, Title VI, § 6103(a), 103 Stat. 2193, and amended Oct. 13, 1992, Pub.L. 102–410, § 5(c)(3), § 6(a), § 7, 106 Stat. 2097–2100; June 10, 1993, Pub.L. 103–43, Title XX, § 2013(2), 107 Stat. 215, which related to Forum for Quality and Effectiveness in Health Care program agenda, priorities of the program, standards and criteria for the award of contracts for the development or review of guidelines, and pilot testing procedures, was substantially revised by Pub.L. 106–129, Dec. 6, 1999, 113 Stat. 1658.

§ 299b–4. Research supporting primary care and access in underserved areas

(a) Preventive Services Task Force

(1) Establishment and purpose

The Director may periodically convene a Preventive Services Task Force to be composed of individuals with appropriate expertise. Such a task force shall review the scientific evidence related to the effectiveness, appropriateness, and cost-effectiveness of clinical preventive services for the purpose of developing recommendations for the health care community, and updating previous clinical preventive recommendations.

(2) Role of agency

The Agency shall provide ongoing administrative, research, and technical support for the operations of the Preventive Services Task Force, including coordinating and supporting the dissemination of the recommendations of the Task Force.

(3) Operation

In carrying out its responsibilities under paragraph (1), the Task Force is not subject to the provisions of Appendix 2 of Title 5.

(b) Primary care research

(1) In general

There is established within the Agency a Center for Primary Care Research (referred to in this subsection as the 'Center') that shall serve as the principal source of funding for primary care practice research in the Department of Health and Human Services. For purposes of this paragraph, primary care research focuses on the first contact when illness or health concerns arise, the diagnosis, treatment or referral to specialty care, preventive care, and the relationship between the clinician and the patient in the context of the family and community.

(2) Research

In carrying out this section, the Center shall conduct and support research concerning—

(A) the nature and characteristics of primary care practice;

(B) the management of commonly occurring clinical problems;

(C) the management of undifferentiated clinical problems; and

(D) the continuity and coordination of health services.

(July 1, 1944, c. 373, Title IX, § 915, as added Dec. 6, 1999, Pub.L. 106–129, § 2(a), 113 Stat. 1659.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1999 Acts. Statement by President, see 1999 U.S. Code Cong. and Adm. News, p. 322.

References in Text

Appendix 2 of Title 5, referred to in subsec. (a)(3), probably means the Federal Advisory Committee Act, Pub.L. 92–463, Oct. 6, 1972, 86 Stat. 770, set out as Appendix 2 of Title 5.

§ 299b–4a. Studies on preventive interventions in primary care for older Americans

(a) Studies

The Secretary of Health and Human Services, acting through the United States Preventive Services Task Force, shall conduct a series of studies designed to identify preventive interventions that can be delivered in the primary care setting and that are most valuable to older Americans.

(b) Mission statement

The mission statement of the United States Preventive Services Task Force is amended to include the evaluation of services that are of particular relevance to older Americans.

(c) Report

Not later than 1 year after December 21, 2000, and annually thereafter, the Secretary of Health and Human Services shall submit to Congress a report on the conclusions of the studies conducted under subsection (a), together with recommendations for such legislation and administrative actions as the Secretary considers appropriate.

(Pub.L. 106–554, § 1(a)(6) [Title I, § 126], Dec. 21, 2000, 114 Stat. 2763, 2763A–479.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

2000 Acts. House Report No. 106–645 and Statement by President, see 2000 U.S. Code Cong. and Adm. News, p. 2459.

Codifications

This section was not enacted as part of the Public Health Service Act, Act July 1, 1944, c. 373, 58 Stat. 682, which enacted this chapter.

§ 299b–5. Health care practice and technology innovation

(a) In general

The Director shall promote innovation in evidence-based health care practices and technologies by—

(1) conducting and supporting research on the development, diffusion, and use of health care technology;

(2) developing, evaluating, and disseminating methodologies for assessments of health care practices and technologies;

(3) conducting intramural and supporting extramural assessments of existing and new health care practices and technologies;

(4) promoting education and training and providing technical assistance in the use of health care practice and technology assessment methodologies and results; and

(5) working with the National Library of Medicine and the public and private sector to develop an electronic clearinghouse of currently available assessments and those in progress.

(b) Specification of process

(1) In general

Not later than December 31, 2000, the Director shall develop and publish a description of the methods used by the Agency and its contractors for health care practice and technology assessment.

(2) Consultations

In carrying out this subsection, the Director shall cooperate and consult with the Assistant Secretary for Health, the Administrator of the Health Care Financing Administration, the Director of the National Institutes of Health, the Commissioner of Food and Drugs, and the heads of any other interested Federal department or agency, and shall seek input, where appropriate, from professional societies and other private and public entities.

(3) Methodology

The Director shall, in developing the methods used under paragraph (1), consider—

(A) safety, efficacy, and effectiveness;

(B) legal, social, and ethical implications;

(C) costs, benefits, and cost-effectiveness;

(D) comparisons to alternate health care practices and technologies; and

(E) requirements of Food and Drug Administration approval to avoid duplication.

(c) Specific assessments

(1) In general

The Director shall conduct or support specific assessments of health care technologies and practices.

(2) Requests for assessments

The Director is authorized to conduct or support assessments, on a reimbursable basis, for the Health Care Financing Administration, the Department of Defense, the Department of Veterans Affairs, the Office of Personnel Management, and other public or private entities.

(3) Grants and contracts

In addition to conducting assessments, the Director may make grants to, or enter into cooperative agreements or contracts with, entities described in paragraph (4) for the purpose of conducting assessments of experimental, emerging, existing, or potentially outmoded health care technologies, and for related activities.

(4) Eligible entities

An entity described in this paragraph is an entity that is determined to be appropriate by the Director, including academic medical centers, research institutions and organizations, professional organizations, third party payers, governmental agencies, minority institutions of higher education (such as Historically Black Colleges and Universities, and Hispanic institutions), and consortia of appropriate research entities established for the purpose of conducting technology assessments.

(d) Medical examination of certain victims

(1) In general

The Director shall develop and disseminate a report on evidence-based clinical practices for—

(A) the examination and treatment by health professionals of individuals who are victims of sexual assault (including child molestation) or attempted sexual assault; and

(B) the training of health professionals, in consultation with the Health Resources and Services Administration, on performing medical evidentiary examinations of individuals who are victims of child abuse or neglect, sexual assault, elder abuse, or domestic violence.

(2) Certain considerations

In identifying the issues to be addressed by the report, the Director shall, to the extent practicable, take into consideration the expertise and experience of Federal and State law enforcement officials regarding the victims referred to in paragraph (1), and of other appropriate public and private entities (including medical societies, victim services organizations, sexual assault prevention organizations, and social services organizations).

(July 1, 1944, c. 373, Title IX, § 916, as added Dec. 6, 1999, Pub.L. 106–129, § 2(a), 113 Stat. 1660.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1999 Acts. Statement by President, see 1999 U.S. Code Cong. and Adm. News, p. 322.

§ 299b–6. Coordination of Federal Government quality improvement efforts

(a) Requirement

(1) In general

To avoid duplication and ensure that Federal resources are used efficiently and effectively, the Secretary, acting through the Director, shall coordinate all research, evaluations, and demonstrations related to health services research, quality measurement and quality improvement activities undertaken and supported by the Federal Government.

(2) Specific activities

The Director, in collaboration with the appropriate Federal officials representing all concerned executive agencies and departments, shall develop and manage a process to—

(A) improve interagency coordination, priority setting, and the use and sharing of research findings and data pertaining to Federal quality improvement programs, technology assessment, and health services research;

(B) strengthen the research information infrastructure, including databases, pertaining to Federal health services research and health care quality improvement initiatives;

(C) set specific goals for participating agencies and departments to further health services research and health care quality improvement; and

(D) strengthen the management of Federal health care quality improvement programs.

(b) Study by the institute of medicine

(1) In general

To provide Congress, the Department of Health and Human Services, and other relevant departments with an independent, external review of their quality oversight, quality improvement and quality research programs, the Secretary shall enter into a contract with the Institute of Medicine—

(A) to describe and evaluate current quality improvement, quality research and quality monitoring processes through—

(i) an overview of pertinent health services research activities and quality improvement efforts conducted by all Federal programs, with particular attention paid to those under titles XVIII, XIX, and XXI of the Social Security Act [42 U.S.C.A. §§ 1395 et seq., 1396 et seq., and 1397aa et seq.]; and

(ii) a summary of the partnerships that the Department of Health and Human Services has pursued with private accreditation, quality measurement and improvement organizations; and

(B) to identify options and make recommendations to improve the efficiency and effectiveness of quality improvement programs through—

(i) the improved coordination of activities across the medicare, medicaid and child health insurance programs under titles XVIII, XIX and XXI of the Social Security Act [42 U.S.C.§ 1395 et seq., 1396 et seq., and 1397aa et seq.]; and health services research programs;

(ii) the strengthening of patient choice and participation by incorporating state-of-the-art quality monitoring tools and making information on quality available; and

(iii) the enhancement of the most effective programs, consolidation as appropriate, and elimination of duplicative activities within various Federal agencies.

(2) Requirements

(A) In general

The Secretary shall enter into a contract with the Institute of Medicine for the preparation—

(i) not later than 12 months after the date of the enactment of this subchapter, of a report providing an overview of the quality improvement programs of the Department of Health and Human Services for the medicare, medicaid, and CHIP programs under titles XVIII, XIX, and XXI of the Social Security Act [42 U.S.C.A. §§ 1395 et seq., 1396 et seq., and 1397aa et seq.]; and

(ii) not later than 24 months after the date of the enactment of this subchapter, of a final report containing recommendations.

(B) Reports

The Secretary shall submit the reports described in subparagraph (A) to the Committee on Finance and the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Ways and Means and the Committee on Commerce of the House of Representatives.

(July 1, 1944, c. 373, Title IX, § 917, as added Dec. 6, 1999, Pub.L. 106–129, § 2(a), 113 Stat. 1661.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1999 Acts. Statement by President, see 1999 U.S. Code Cong. and Adm. News, p. 322.

References in Text

The date of enactment of this subchapter, referred to in subsec. (b)(2), was in the original "date of enactment of this title", which probably means the date of enactment of the Healthcare Research and Quality Act of 1999, Pub.L. 106–129, 113 Stat. 1753, which rewrote this subchapter, and was approved Dec. 6, 1999.

PART C—GENERAL PROVISIONS

HISTORICAL AND STATUTORY NOTES

Prior Provisions

A prior part C, relating to National Advisory Council for Health Care Policy, Research, and Evaluation, peer review procedures with respect to grants and contracts, collection and dissemination of data, and funding, consisting of sections 299c to 299c–5, was substantially revised by Pub.L. 106–129, Dec. 6, 1999, 113 Stat. 1663.

§ 299c. Advisory Council for Healthcare Research and Quality

(a) Establishment

There is established an advisory council to be known as the National Advisory Council for Healthcare Research and Quality.

(b) Duties

(1) In general

The Advisory Council shall advise the Secretary and the Director with respect to activities proposed or undertaken to carry out the mission of the Agency under section 299(b) of this title.

(2) Certain recommendations

Activities of the Advisory Council under paragraph (1) shall include making recommendations to the Director regarding—

(A) priorities regarding health care research, especially studies related to quality, outcomes, cost and the utilization of, and access to, health care services;

(B) the field of health care research and related disciplines, especially issues related to training needs, and dissemination of information pertaining to health care quality; and

(C) the appropriate role of the Agency in each of these areas in light of private sector activity and identification of opportunities for public-private sector partnerships.

(c) Membership

(1) In general

The Advisory Council shall, in accordance with this subsection, be composed of appointed members and ex officio members. All members of the Advisory Council shall be voting members other than the individuals designated under paragraph (3)(B) as ex officio members.

(2) Appointed members

The Secretary shall appoint to the Advisory Council 21 appropriately qualified individuals. At least 17 members of the Advisory Council shall be representatives of the public who are not officers or employees of the United States and at least 1 member who shall be a specialist in the rural aspects of 1 or more of the professions or fields described in subparagraphs (A) through (G). The Secretary shall ensure that the appointed members of the Council, as a group, are representative of professions and entities concerned with, or affected by, activities under this subchapter and under section 1320b–12 of this title. Of such members—

(A) three shall be individuals distinguished in the conduct of research, demonstration projects, and evaluations with respect to health care;

(B) three shall be individuals distinguished in the fields of health care quality research or health care improvement;

(C) three shall be individuals distinguished in the practice of medicine of which at least one shall be a primary care practitioner;

(D) three shall be individuals distinguished in the other health professions;

(E) three shall be individuals either representing the private health care sector, including health plans, providers, and purchasers or individuals distinguished as administrators of health care delivery systems;

(F) three shall be individuals distinguished in the fields of health care economics, information systems, law, ethics, business, or public policy; and

(G) three shall be individuals representing the interests of patients and consumers of health care.

(3) **Ex officio members**

The Secretary shall designate as ex officio members of the Advisory Council—

(A) the Assistant Secretary for Health, the Director of the National Institutes of Health, the Director of the Centers for Disease Control and Prevention, the Administrator of the Health Care Financing Administration, the Commissioner of the Food and Drug Administration, the Director of the Office of Personnel Management, the Assistant Secretary of Defense (Health Affairs), and the Under Secretary for Health of the Department of Veterans Affairs; and

(B) such other Federal officials as the Secretary may consider appropriate.

(d) **Terms**

(1) **In general**

Members of the Advisory Council appointed under subsection (c)(2) shall serve for a term of 3 years.

(2) **Staggered terms**

To ensure the staggered rotation of one-third of the members of the Advisory Council each year, the Secretary is authorized to appoint the initial members of the Advisory Council for terms of 1, 2, or 3 years .

(3) **Service beyond term**

A member of the Council appointed under subsection (c)(2) may continue to serve after the expiration of the term of the members until a successor is appointed.

(e) **Vacancies**

If a member of the Advisory Council appointed under subsection (c)(2) does not serve the full term applicable under subsection (d), the individual appointed to fill the resulting vacancy shall be appointed for the remainder of the term of the predecessor of the individual.

(f) **Chair**

The Director shall, from among the members of the Advisory Council appointed under subsection (c)(2), designate an individual to serve as the chair of the Advisory Council.

(g) **Meetings**

The Advisory Council shall meet not less than once during each discrete 4-month period and shall otherwise meet at the call of the Director or the chair.

(h) **Compensation and reimbursement of expenses**

(1) **Appointed members**

Members of the Advisory Council appointed under subsection (c)(2) shall receive compensation for each day (including travel time) engaged in carrying out the duties of the Advisory Council unless declined by the member. Such compensation may not be in an amount in excess of the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of Title 5, for each day during which such member is engaged in the performance of the duties of the Advisory Council.

(2) **Ex officio members**

Officials designated under subsection (c)(3) as ex officio members of the Advisory Council may not receive compensation for service on the Advisory Council in addition to the compensation otherwise received for duties carried out as officers of the United States.

(i) Staff

The Director shall provide to the Advisory Council such staff, information, and other assistance as may be necessary to carry out the duties of the Council.

(j) Duration

Notwithstanding section 14(a) of the Federal Advisory Committee Act, the Advisory Council shall continue in existence until otherwise provided by law.

(July 1, 1944, c. 373, Title IX, § 921, as added Dec. 6, 1999, Pub.L. 106–129, § 2(a), 113 Stat. 1663.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1999 Acts. Statement by President, see 1999 U.S. Code Cong. and Adm. News, p. 322.

References in Text

This subchapter, referred to in subsec. (c)(2), was in the original "this title", meaning Title IX of the Public Health Service Act, Act July 1, 1944, c. 373, 58 Stat. 682. Title IX of such Act is classified to this subchapter (42 U.S.C.A. § 299 et seq.). See Tables for complete classification.

Section 14(a) of the Federal Advisory Committee Act, referred to in subsec. (j), is section 14(a) of Pub.L. 92–463, Oct. 6, 1972, 86 Stat. 770, as amended, which is set out in Appendix 2 to Title 5, Government Organization and Employees.

Prior Provisions

Another prior section 299c, Act July 1, 1944, c. 373, Title IX, § 921, as added Dec. 19, 1989, Pub.L. 101–239, Title VI, § 6103(c), 103 Stat. 2199, and amended Oct. 13, 1992, Pub.L. 102–410, § 8, 106 Stat. 2100, which related to the Advisory Council for Health Care Policy, Research, and Evaluation, was substantially revised by Pub.L. 106–129, Dec. 6, 1999, 113 Stat. 1663.

§ 299c–1. Peer review with respect to grants and contracts

(a) Requirement of review

(1) In general

Appropriate technical and scientific peer review shall be conducted with respect to each application for a grant, cooperative agreement, or contract under this subchapter.

(2) Reports to director

Each peer review group to which an application is submitted pursuant to paragraph (1) shall report its finding and recommendations respecting the application to the Director in such form and in such manner as the Director shall require.

(b) Approval as precondition of awards

The Director may not approve an application described in subsection (a)(1) unless the application is recommended for approval by a peer review group established under subsection (c).

(c) Establishment of peer review groups

(1) In general

The Director shall establish such technical and scientific peer review groups as may be necessary to carry out this section. Such groups shall be established without regard to the provisions of Title 5, that govern appointments in the competitive service, and without regard to the provisions of chapter 51, and subchapter III of chapter 53, of such title [5 U.S.C.A. §§ 5101 et seq. and 5331 et seq.] that relate to classification and pay rates under the General Schedule.

(2) Membership

The members of any peer review group established under this section shall be appointed from among individuals who by virtue of their training or experience are eminently qualified to carry out the duties of such peer review group. Officers and employees of the United States may not constitute more than 25 percent of the membership of any such group. Such officers and employees may not receive compensation for service on such groups in addition to the compensation otherwise received for these duties carried out as such officers and employees.

(3) Duration

Notwithstanding section 14(a) of the Federal Advisory Committee Act, peer review groups established under this section may continue in existence until otherwise provided by law.

(4) Qualifications

Members of any peer review group shall, at a minimum, meet the following requirements:

(A) Such members shall agree in writing to treat information received, pursuant to their work for the group, as confidential information, except that this subparagraph shall not apply to public records and public information.

(B) Such members shall agree in writing to recuse themselves from participation in the peer review of specific applications which present a potential personal conflict of interest or appearance of such conflict, including employment in a directly affected organization, stock ownership, or any financial or other arrangement that might introduce bias in the process of peer review.

(d) Authority for procedural adjustments in certain cases

In the case of applications for financial assistance whose direct costs will not exceed $100,000, the Director may make appropriate adjustments in the procedures otherwise established by the Director for the conduct of peer review under this section. Such adjustments may be made for the purpose of encouraging the entry of individuals into the field of research, for the purpose of encouraging clinical practice-oriented or provider-based research, and for such other purposes as the Director may determine to be appropriate.

(e) Regulations

The Director shall issue regulations for the conduct of peer review under this section.

(July 1, 1944, c. 373, Title IX, § 922, as added Dec. 6, 1999, Pub.L. 106–129, § 2(a), 113 Stat. 1665.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1999 Acts. Statement by President, see 1999 U.S. Code Cong. and Adm. News, p. 322.

References in Text

This subchapter, referred to in subsec. (a)(1), was in the original "this title", meaning Title IX of the Public Health Service Act, Act July 1, 1944, c. 373, 58 Stat. 682. Title IX of such Act is classified to this subchapter (42 U.S.C.A. § 299 et seq.). See Tables for complete classification.

The provisions of Title 5 that govern appointments in the competitive service, referred to in subsec. (c)(1), are classified generally to section 3301 et seq. of Title 5, Government Organization and Employees.

Section 14(a) of the Federal Advisory Committee Act, referred to in subsec. (c)(3), is section 14(a) of Pub.L. 92–463, Oct. 6, 1972, 86 Stat. 770, as amended, which is set out in Appendix 2 to Title 5, Government Organization and Employees.

Prior Provisions

A prior section 299c–1, Act July 1, 1944, c. 373, Title IX, § 922, as added Dec. 19, 1989, Pub.L. 101–239, Title VI, § 6103(c), 103 Stat. 2201, and amended Nov. 5, 1990, Pub.L. 101–508, Title IV, § 4118(f)(2)(F), 104 Stat. 1388–70; Oct. 13, 1992, Pub.L. 102–410, § 5(d), 106 Stat. 2098, which related to the establishment of peer review groups by the Administrator for Health Care Policy and Research with respect to each application for a grant, cooperative agreement, or contract, was substantially revised by Pub.L. 106–129, Dec. 6, 1999, 113 Stat. 1665.

§ 299c–2. Certain provisions with respect to development, collection, and dissemination of data

(a) Standards with respect to utility of data

(1) In general

To ensure the utility, accuracy, and sufficiency of data collected by or for the Agency for the purpose described in section 299(b) of this title, the Director shall establish standard methods for developing and collecting such data, taking into consideration—

(A) other Federal health data collection standards; and

(B) the differences between types of health care plans, delivery systems, health care providers, and provider arrangements.

(2) Relationship with other department programs

In any case where standards under paragraph (1) may affect the administration of other programs carried out by the Department of Health and Human Services, including the programs under title XVIII, XIX or XXI of the Social Security Act [42 U.S.C.A. § 1395 et seq., 1396 et seq. or 1397aa et seq.], or may affect health information that is subject to a standard developed under part C of title XI of the Social Security Act [42 U.S.C.A. § 1320d et seq.], they shall be in the form of recommendations to the Secretary for such program.

(b) Statistics and analyses

The Director shall—

(1) take appropriate action to ensure that statistics and analyses developed under this subchapter are of high quality, timely, and duly comprehensive, and that the statistics are specific, standardized, and adequately analyzed and indexed; and

(2) publish, make available, and disseminate such statistics and analyses on as wide a basis as is practicable.

(c) Authority regarding certain requests

Upon request of a public or private entity, the Director may conduct or support research or analyses otherwise authorized by this subchapter pursuant to arrangements under which such entity will pay the cost of the services provided. Amounts received by the Director under such arrangements shall be available to the Director for obligation until expended.

(July 1, 1944, c. 373, Title IX, § 923, as added Dec. 6, 1999, Pub.L. 106–129, § 2(a), 113 Stat. 1666.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1999 Acts. Statement by President, see 1999 U.S. Code Cong. and Adm. News, p. 322.

References in Text

This subchapter, referred to in subsecs. (b)(1) and (c), was in the original "this title", meaning Title IX of the Public Health Service Act, Act July 1, 1944, c. 373, 58 Stat. 682. Title IX of such Act is classified to this subchapter (42 U.S.C.A. § 299 et seq.). See Tables for complete classification.

Prior Provisions

A prior section 299c–2, Act July 1, 1944, c. 373, Title IX, § 923, as added Dec. 19, 1989, Pub.L. 101–239, Title VI, § 6103(c), 103 Stat. 2202, and amended Oct. 13, 1992, Pub.L. 102–410, § 5(e), 106 Stat. 2098, which related to the establishment of uniform methods for collecting and developing data by the Administrator for Health Care Policy and Research was substantially revised by Pub.L. 106–129, Dec. 6, 1999, 113 Stat. 1666.

§ 299c–3. Dissemination of information

(a) In general

The Director shall—

(1) without regard to section 501 of Title 44, promptly publish, make available, and otherwise disseminate, in a form understandable and on as broad a basis as practicable so as to maximize its use, the results of research, demonstration projects, and evaluations conducted or supported under this subchapter;

(2) ensure that information disseminated by the Agency is science-based and objective and undertakes consultation as necessary to assess the appropriateness and usefulness of the presentation of information that is targeted to specific audiences;

(3) promptly make available to the public data developed in such research, demonstration projects, and evaluations;

(4) provide, in collaboration with the National Library of Medicine where appropriate, indexing, abstracting, translating, publishing, and other services leading to a more effective and timely dissemination of information on research, demonstration projects, and evaluations with respect to health care to public and private entities and individuals engaged in the improvement of health care delivery and the general

public, and undertake programs to develop new or improved methods for making such information available; and

(5) as appropriate, provide technical assistance to State and local government and health agencies and conduct liaison activities to such agencies to foster dissemination.

(b) Prohibition against restrictions

Except as provided in subsection (c), the Director may not restrict the publication or dissemination of data from, or the results of, projects conducted or supported under this subchapter.

(c) Limitation on use of certain information

No information, if an establishment or person supplying the information or described in it is identifiable, obtained in the course of activities undertaken or supported under this subchapter may be used for any purpose other than the purpose for which it was supplied unless such establishment or person has consented (as determined under regulations of the Director) to its use for such other purpose. Such information may not be published or released in other form if the person who supplied the information or who is described in it is identifiable unless such person has consented (as determined under regulations of the Director) to its publication or release in other form.

(d) Penalty

Any person who violates subsection (c) shall be subject to a civil monetary penalty of not more than $10,000 for each such violation involved. Such penalty shall be imposed and collected in the same manner as civil money penalties under subsection (a) of section 1320a–7a of this title are imposed and collected.

(July 1, 1944, c. 373, Title IX, § 924, as added Dec. 6, 1999, Pub.L.106–129, § 2(a), 113 Stat. 1667.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1999 Acts. Statement by President, see 1999 U.S. Code Cong. and Adm. News, p. 322.

References in Text

This subchapter, referred to in text, was in the original "this title", meaning Title IX of the Public Health Service Act, Act July 1, 1944, c. 373, 58 Stat. 682. Title IX of such Act is classified to this subchapter (42 U.S.C.A. § 299 et seq.). See Tables for complete classification.

Prior Provisions

A prior section 299c–3, Act July 1, 1944, c. 373, Title IX, § 924, as added Dec. 19, 1989, Pub.L. 101–239, Title VI, § 6103(c), 103 Stat. 2202, and amended Oct. 13, 1992, Pub.L. 102–410, § 9, 106 Stat. 2100, which related to additional requirements with respect to contracts and grants authorized by the Agency for Health Care Policy and Research, was substantially revised by Pub.L. 106–129, Dec. 6, 1999, 113 Stat. 1653.

§ 299c–4. Additional provisions with respect to grants and contracts

(a) Financial conflicts of interest

With respect to projects for which awards of grants, cooperative agreements, or contracts are authorized to be made under this subchapter, the Director shall by regulation define—

(1) the specific circumstances that constitute financial interests in such projects that will, or may be reasonably expected to, create a bias in favor of obtaining results in the projects that are consistent with such interests; and

(2) the actions that will be taken by the Director in response to any such interests identified by the Director.

(b) Requirement of application

The Director may not, with respect to any program under this subchapter authorizing the provision of grants, cooperative agreements, or contracts, provide any such financial assistance unless an application for the assistance is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Director determines to be necessary to carry out the program involved.

(c) Provision of supplies and services in lieu of funds

(1) In general

Upon the request of an entity receiving a grant, cooperative agreement, or contract under this subchapter, the Secretary may, subject to paragraph (2), provide supplies, equipment, and services for the purpose of aiding the entity in carrying out the project involved and, for such purpose, may detail to the entity any officer or employee of the Department of Health and Human Services.

(2) Corresponding reduction in funds

With respect to a request described in paragraph (1), the Secretary shall reduce the amount of the financial assistance involved by an amount equal to the costs of detailing personnel and the fair market value of any supplies, equipment, or services provided by the Director. The Secretary shall, for the payment of expenses incurred in complying with such request, expend the amounts withheld.

(d) Applicability of certain provisions with respect to contracts

Contracts may be entered into under this part without regard to sections 3648 and 3709 of the Revised Statutes (31 U.S.C. 529 and 41 U.S.C. 5).

(July 1, 1944, c. 373, Title IX, § 925, as added Dec. 6, 1999, Pub.L. 106–129, § 2(a), 113 Stat. 1668.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1999 Acts. Statement by President, see 1999 U.S. Code Cong. and Adm. News, p. 322.

References in Text

This subchapter, referred to in text, was in the original "this title", meaning Title IX of the Public Health Service Act, Act July 1, 1944, c. 373, 58 Stat, 682. Title IX of such Act is classified to this subchapter (42 U.S.C.A. § 299 et seq.). See Tables for complete classification.

Prior Provisions

A prior section 299c–4, Act July 1, 1944, c. 373, Title IX, § 925, as added Dec. 19, 1989, Pub.L. 101–239, Title VI, § 6103(c), 103 Stat. 2203, and amended Sept. 23, 1996, Pub.L. 104–201, Div. A, Title XVII, § 1723(a)(3)(B), 110 Stat. 2759, which related to administrative authorities for the Agency for Health Care Policy and Research, was substantially revised by Pub.L. 106–129, Dec. 6, 1999, 113 Stat. 1668.

§ 299c–5. Certain administrative authorities

(a) Deputy director and other officers and employees

(1) Deputy director

The Director may appoint a deputy director for the Agency.

(2) Other officers and employees

The Director may appoint and fix the compensation of such officers and employees as may be necessary to carry out this subchapter. Except as otherwise provided by law, such officers and employees shall be appointed in accordance with the civil service laws and their compensation fixed in accordance with Title 5.

(b) Facilities

The Secretary, in carrying out this subchapter—

(1) may acquire, without regard to the Act of March 3, 1877 (40 U.S.C. 34), by lease or otherwise through the Administrator of General Services, buildings or portions of buildings in the District of Columbia or communities located adjacent to the District of Columbia for use for a period not to exceed 10 years; and

(2) may acquire, construct, improve, repair, operate, and maintain laboratory, research, and other necessary facilities and equipment, and such other real or personal property (including patents) as the Secretary deems necessary.

(c) Provision of financial assistance

The Director, in carrying out this subchapter, may make grants to public and nonprofit entities and individuals, and may enter into cooperative agreements or contracts with public and private entities and individuals.

(d) Utilization of certain personnel and resources

(1) Department of health and human services

The Director, in carrying out this subchapter, may utilize personnel and equipment, facilities, and other physical resources of the Department of Health and Human Services, permit appropriate (as determined by the Secretary) entities and individuals to utilize the physical resources of such Department, and provide technical assistance and advice.

(2) Other agencies

The Director, in carrying out this subchapter, may use, with their consent, the services, equipment, personnel, information, and facilities of other Federal, State, or local public agencies, or of any foreign government, with or without reimbursement of such agencies.

(e) Consultants

The Secretary, in carrying out this subchapter, may secure, from time to time and for such periods as the Director deems advisable but in accordance with section 3109 of Title 5, the assistance and advice of consultants from the United States or abroad.

(f) Experts

(1) In general

The Secretary may, in carrying out this title, obtain the services of not more than 50 experts or consultants who have appropriate scientific or professional qualifications. Such experts or consultants shall be obtained in accordance with section 3109 of Title 5, except that the limitation in such section on the duration of service shall not apply.

(2) Travel expenses

(A) In general

Experts and consultants whose services are obtained under paragraph (1) shall be paid or reimbursed for their expenses associated with traveling to and from their assignment location in accordance with sections 5724, 5724a(a), 5724a(c), and 5726(c) of Title 5.

(B) Limitation

Expenses specified in subparagraph (A) may not be allowed in connection with the assignment of an expert or consultant whose services are obtained under paragraph (1) unless and until the expert agrees in writing to complete the entire period of assignment, or 1 year, whichever is shorter, unless separated or reassigned for reasons that are beyond the control of the expert or consultant and that are acceptable to the Secretary. If the expert or consultant violates the agreement, the money spent by the United States for the expenses specified in subparagraph (A) is recoverable from the expert or consultant as a statutory obligation owed to the United States. The Secretary may waive in whole or in part a right of recovery under this subparagraph.

(g) Voluntary and uncompensated services

The Director, in carrying out this subchapter, may accept voluntary and uncompensated services.

(July 1, 1944, c. 373, Title IX, § 926, as added Dec. 6, 1999, Pub.L. 106–129, § 2(a), 113 Stat. 1668.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1999 Acts. Statement by President, see 1999 U.S. Code Cong. and Adm. News, p. 322.

References in Text

This subchapter, referred to in text, was in the original "this title", meaning Title IX of the Public Health Service Act, Act July 1, 1944, c. 373, 58 Stat. 682. Title IX of such Act is classified to this subchapter (42 U.S.C.A. § 299 et seq.). See Tables for complete classification.

Prior Provisions

A prior section 299c–5, Act July 1, 1944, c. 373, Title IX, § 926, as added Dec. 19, 1989, Pub.L. 101–239, Title VI, § 6103(c), 103 Stat. 2204, and amended Aug. 18, 1990, Pub.L.

101–381, Title I, § 102(7), 104 Stat. 586; Oct. 13, 1992, Pub.L. 102–410, § 10, 106 Stat. 2101; June 10, 1993, Pub.L. 103–43, Title XX, § 2010(b)(8), 107 Stat. 214, which related to funding of the Agency for Health Care Policy and Research, was substantially revised by Pub.L. 106–129, Dec. 6, 1999, 113 Stat. 1668.

§ 299c–6. Funding

(a) Intent

To ensure that the United States investment in biomedical research is rapidly translated into improvements in the quality of patient care, there must be a corresponding investment in research on the most effective clinical and organizational strategies for use of these findings in daily practice. The authorization levels in subsections (b) and (c) provide for a proportionate increase in health care research as the United States investment in biomedical research increases.

(b) Authorization of appropriations

For the purpose of carrying out this subchapter, there are authorized to be appropriated $250,000,000 for fiscal year 2000, and such sums as may be necessary for each of the fiscal years 2001 through 2005.

(c) Evaluations

In addition to amounts available pursuant to subsection (b) for carrying out this subchapter, there shall be made available for such purpose, from the amounts made available pursuant to section 238j of this title (relating to evaluations), an amount equal to 40 percent of the maximum amount authorized in such section 238j of this title to be made available for a fiscal year.

(d) Health disparities research

For the purpose of carrying out the activities under section 299a–1 of this title, there are authorized to be appropriated $50,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 through 2005.

(July 1, 1944, c. 373, Title IX, § 927, as added Dec. 6, 1999, Pub.L. 106–129, § 2(a), 113 Stat. 1670, and amended Nov. 22, 2000, Pub.L. 106–525, Title II, § 201(b), 114 Stat. 2507.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1999 Acts. Statement by President, see 1999 U.S. Code Cong. and Adm. News, p. 322.

References in Text

This subchapter, referred to in subsecs. (b) and (c), was in the original "this title", meaning Title IX of the Public Health Service Act, Act July 1, 1944, c. 373, 58 Stat. 682. Title IX of such Act is classified to this subchapter (42 U.S.C.A. § 299 et seq.). See Tables for complete classification.

Amendments

2000 amendments. Subsec. (d). Pub.L. 106–525, § 201(b), added subsec. (b).

Effective and Applicability Provisions

2000 Acts. Amendments by Pub.L. 106–525, Title II, § 201(b), effective October 1, 2000 or November 22, 2000, whichever occurs later, see Pub.L. 106–525, § 603, set out as a note under 42 U.S.C.A. § 281.

Prior Provisions

A prior section 299c–6, Act July 1, 1944, c. 373, Title IX, § 927 as added Dec. 19, 1989, Pub.L. 101–239, Title VI, § 6103(c), 103 Stat. 2204, which related to definitions for purposes of former subchapter VII, Agency for Health Care Policy and Research, was substantially revised by Pub.L. 106–129, Dec. 6, 1999, 113 Stat. 1653.

§ 299c–7. Definitions

In this title:

(1) Advisory council

The term "Advisory Council" means the National Advisory Council on Healthcare Research and Quality established under section 299c of this title.

(2) Agency

The term "Agency" means the Agency for Healthcare Research and Quality.

(3) Director

The term "Director" means the Director of the Agency for Healthcare Research and Quality.

(July 1, 1944, c. 373, Title IX, § 928, as added Dec. 6, 1999, Pub.L. 106–129, § 2(a), 113 Stat. 1670.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1999 Acts. Statement by President, see 1999 U.S. Code Cong. and Adm. News, p. 322.

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1969 Acts. Statement by President, see 1969 U.S. Code Cong. and Adm. News, p. 2022.

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